

Internship Report

Date (month) (day) (year)

To supervisor

					Confirmation of the person in charge of the internship		<input type="checkbox"/>
Internship Student	Engineering Course	Student ID number		Name			
Round of report: Period	The round: form (month)(day)(year) - (month)(day)(year)						
Names of the Assigned Workplace and the Organization in the Internship Organization							
Person in Charge of the Internship	Title				Name		
Messages from the Person in Charge of the Internship (wishes, etc.)							

Subject (internship theme)

Impressions related to safety

Training contents (contents/ impressions)

*In case of a shortage of space for Training Contents (contents/ impressions), use the reverse side of the form.

*Fill in each of the self-assessment items on the back side also, if necessary.

