|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student ID |  |
| Email |  | Telephone |  |
| Type of Internship | □ College Arranged □ Independently Arranged |
| Internship working period |  |
| Internship working hours in total |  |
| Company Name |  | Company Address |  |
| Contact Person  |  | Company Telephone |  |
| **My acceptance**： I will set strict demand on myself, abide by the state legislation and the relevant regulations of college and the internship company, and complete the task according to the practice rules and plans. I will be aware of safety and be responsible for my behaviors and safety in practice. I will return to school on time after the internship and take the examination.Signature of Student: Date(yyyy/mm/dd): |
| Comments of Internship Company |  Signature of Company Supervisor(Stamp): Date(yyyy/mm/dd): |
| Comments of College |  Signature of Dean(Stamp): Date(yyyy/mm/dd):  |