Global MBA, College of Management, National Yang Ming Chiao Tung University
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Certificate of Internship Participation

Mr. / Ms. _____

Born on _____ in _____ was involved in the practical internship as a student trainee from _____ to _____ at _____

Place/Lab and Job Description
_____
_____

Internship Type and Duration
□Full-Time _____ weeks
□Part-Time _____ hours

A. Evaluation on student (10-point scale, 10 as excellent and 1 as poor)
Leadership: ____ Competency: ____ Industriousness: ____ Social etiquette:____, Relationship skills: ____ Professional knowledge ____ Overall Performance: _____

B. Number of days on leave during employment: _____,
_____vacation days, _____ sick day, _____other days of absence.

C. Special Comments (Please use separate sheet if needed):

_____

_____

_____

_____
(Signature and Company Stamp)
主管簽名 (rank & authority)
(Place) (Date)

_____
(Student Signature) 學生簽名
(Place) (Date) (program year)

Preparation of the certificate:

For school's record, you might want to make two copies, one for registration office and the other for your own record. The company's official stamp is essential; it should include company's full name, address, contact phone number, (Webpage), and the person/advisor's signature. Do not leave the "special comments session" for blank.