（for Supervisor）

**Certificate of Internship**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Major |  | \*ID |  | Name of  Student |  | |
| \*Term |  | | | | Total |  |
| \*Theme |  | | | | | |
| Remarks (evaluation, opinion by the Supervisor) | | | | | | |

Date:

Signature :

Supervisor :

Position :

Organization:

Request to the Supervisor:

Would you please fill in the column “Remarks” with your signature at the termination of the internship program and hand it over to the student.

Note:

1. The column attached with \* should be filled in by the student.
2. The student should submit this Form with the Final Report to UEC Internship Office.