（for Supervisor）

**Certificate of Internship**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Major |  | \*ID |  | \*Name of  Student |  | |
| \*Term |  | | | | \*Total |  |
| \*Theme |  | | | | | |
| Supervisor's Evaluation and Remarks | | | | | | |

Date:

Signature :

Supervisor :

Position :

Organization:

Request to the Supervisor:

Kindly complete the ' Supervisor's Evaluation and Remarks ' section, provide your signature upon completion of the internship program, and return the document to the student."

Note:

1. The section marked with \* should be filled in by the student.
2. The student must submit this form along with the Final Report to UEC Internship Office.