

義守大學校外實(見)習課程訪視學生督導記錄表

Records of Supervision for Off-Campus Internship Courses, I-Shou University

開課系級 Dept.		課程名稱 Course Title	
實習機構 名稱/部門 Internship Company/Dept.			
訪視日期 Date of Visit	年 月 日(星期) 時 分至 時 分 y m d (Day of the week:) Time:		
學生姓名 Name of Student(s)	(共 名) (Number of Students:)		
訪視內容 Details of the Visit			

實習機構接洽人簽章: _____ (年 月 日)

Signature of Internship Contact Person: _____ (y m d)

訪視教師簽章: 系主任簽章:

Signature of Instructor: Signature of Dept. Chair:

【備註】: 1. 訪視時間每次至少1小時, 訪視費以1小時為基準計算。

The duration of each visit should last at least an hour. The instruction fees are counted hourly.

2. 申請差旅費、指導費以及陳報告書皆應附本督導記錄表, 並請以正本申請差旅費。

This form should be attached when applying for travel allowances and instruction fees and filling out the application form. The original of this form should be provided to apply for travel allowances.