**National Taichung University of Science and Technology**

　　　 Academic year parents' consent form for students' off-campus internship

I agree my child (name) studies in this school, department of

 　　　　　 participate in the off-campus internship courses arranged by the department and urge them to comply with the following matters：

1. Internship Institution

： (Full Title)

2.Internship period：From ROC 　　 YEAR 　　MONTH 　　 DATE to ROC 　　 YEAR 　　MONTH 　　 DATE, for　　 months

　　, hours of internship per week.

3. Work discipline:

　　(1) get off work in and out of work according to the time set by the internship organization, not late or leaving early.

　　(2) Keep the clothes neat and clean.

　　(3) Comply with the work and life schedule management regulations arranged by the internship organization.

　　(4) Leave must be approved by the supervisor of the internship institution.

　　(5) The regulations of your school regarding the management of student life and the "Methods for Students to Ask for Leave" are indeed complied with.

　　(6) Obey the instruction of the school intern tutor and the tutor of the intern organization. If there is a violation, the intern student is willing to accept the school rules and related laws and regulations. I have no objection.

4. Insurance during the internship: It is agreed that the school will handle accident insurance uniformly, and the insurance cost will be borne by the National Taichung University of Science and Technology.

5. When the student’s performance or adaptability is poor, the internship agency will notify the intern tutor to discuss the handling method. Those who fail to improve after the tutoring will cancel the internship qualification or refer to other internship agencies.

 6. The business secrets of the internship institution known to the intern students as a result of participating in the off-campus internship shall not be disclosed to any third person or used by themselves during the internship or after the internship, nor may the internship content be disclosed, relayed or publicly published.

7. After this consent form is signed and sealed by the parents, a copy shall be photocopied for the parents to keep.

Sincerely, National Taichung University of Science and Technology

Parent’s name：　　　　　　　　　　　　　　　(signature and stamp)

Address：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name：　　　　　　　　　　　　　　　(signature and stamp)

Phone Number：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROC: 　　　YEAR　　　MONTH　　　DATE