

Organization Name			Time acceptance	
Contact Person	Name:	Departure:		
TEL (Contact Person)	-	-	FAX	-
Email (Contact Person)				
Preferred method of contact				
Internship Period	2/1 to 3/31 and 8/1 to 9/30 All Term other ())			
	Other requests (ex: weekday only / Monday & Friday ())			
Dress Code	Basically Suits	Casual Business	Casual	Other()
↓ Please choose 1~4 according to the order of priority				
Frequency of Internship		No restrictions () Times/Week Other()		
Age		No restrictions No underage Other()		
English Abilities		No restrictions Beginner General Conversation Business Level Other()		
Note (If other documents needed)				
Number of Interns	Least() Best() Maximum()			
Notes				

The information below will disclose to Interns

Internship Activities	<Please write down the specific details of activities> ▼Tasks that interns might be in charge of () Times/Week ex. In charge of the event (2) Times/Week ▼Tasks that Interns can help () Times/Week ex. Research (2) Times/Week ▼Activities that interns can attend () Times/Week ex. Attend the meetings or events (2) Times/Week ▼Other () Times/Week
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The information below will disclose to Interns

What organization expects to Interns	
Message for Interns