

# I-SHOU UNIVERSITY

## Application Form for Internship Termination or Transfer

<b>Applicant Info</b>			
Department & Grade Level:		Course Title:	
Student No.:	Name:	Mobile:	Application Date: (yyyy/mm/dd)
Request	<input type="checkbox"/> Terminate the internship <input type="checkbox"/> Terminate the internship and transfer to another internship provider <input type="checkbox"/> Terminate the internship and return to the University <input type="checkbox"/> Terminate the internship with alternative arrangements: _____		
<b>Terminate the Internship</b>			
Internship Provider			
Internship Type	<input type="checkbox"/> One academic year <input type="checkbox"/> Winter internship <input type="checkbox"/> Summer internship <input type="checkbox"/> One semester <input type="checkbox"/> During the semester		
Internship Status	<input type="checkbox"/> Having not reported for duty <input type="checkbox"/> Having reported for duty but not started the internship yet <input type="checkbox"/> Having reported for duty and started the internship Termination Date: _____ (Year) _____ (Month) _____ (Day), for a total of ___ days of internship; transferring to another internship provider to continue the internship		
<b>Reason/Issues for Termination or Transfer (if necessary, please attach supporting documents)</b>			
<b>Terminate the Internship and Transfer to Another Internship Provider</b>			

(please fill out the following columns)			
New Internship Provider			
Estimated Internship Period	From _____ (Year) _____ (Month) _____ (Day) to _____ (Year) _____ (Month) _____ (Day), for a total of ___ days.		
<p>The student requests approval for the termination/transfer of the internship for the reasons stated above.</p> <p>Signature of the Student: _____</p>			
Department Review			
Review Result	Comments and Signature of the Internship Advisor	Off-campus Student Internship Committee of the Department of _____	Signature of the Department Chair
		<p>The Off-campus Student Internship Committee of the Department of XXX made the following decision on XX XX, XXXX, in the 1<sup>st</sup>/2<sup>nd</sup> semester of Academic Year XXXX:</p> <p><input type="checkbox"/> Request Approved</p> <p><input type="checkbox"/> Request Declined; Reason: _____</p>	