The University of Tokyo GSP Program

Internship Report

Student ID Number:

Student Name:

Host Organization:

 Name:

 Address:

 Phone Number:

 Homepage:

Duration: --

 Year Month Day Year Month Day

Hours per Week: hours Total Hours: hours

Description of the internship

1. Organization

2. Activities

3. Results

4. Reflection on the Internship

Signature of Student: 　 Date:

Signature of Academic Adviser: 　 Date:

Approval Seal of Director:

\* The certificate of completion must be submitted with this report.