The University of Tokyo GSP Program

Internship Proposal

Student ID Number:

Student Name:

Host Organization:

 Name:

 Address:

 Phone Number:

 HP:

Duration: --

 Year Month Day Year Month Day

Hours per Week: hours Total Hours: hours

1. Organization Description (add official information about the internship)

2. Job Description

3. Reason for Internship and Learning Objectives

Signature of Student: Date:

Signature of Academic Adviser: Date:

Note: Official material that shows the contents of internship (e.g., a copy of the leaflet or the appropriate internet page, etc.) must be submitted with this proposal.

---For Office Use---

Approval Seal of Head of Program: 　Date: