**[Attachment 6] For the Confirmation of the Company (Institution): Field Placement Confirmation Certificate**

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| **Field Placement (Internship)** **Confirmation Certificate** |

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| **Personal Information of the Field Placement Participant** | School Name | Department(College) | Semester | Full Name |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Field Placement Institution** | Name of the Institution | Representative | Industry |
|  |  |  |

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| **Field Placement Institution** | Field Placement (Internship) Department | Field Placement (Internship) Duty |
|  |  |
| Field Placement Period | Field Placement Time | Total Hours of Field Placement |
| ~ |  : ~ :  | Total Hours:  |
| ※ Training Hours: Please write down the training hours excluding holidays |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Placement Confirmation** | Department in Charge of the Field Placement | Position | Full Name | Tel. |
|  |  |  |  |

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| **I hereby confirm that the field placement** **has been completed as above.**Date: Name of the Institution : Representative: (Seal)  |

**※The official seal and the submission of the original document is a requirement.**