**[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 | | | |

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| **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.**