**Leading Program Internship Plan**

(Advance submission: Student → Leading Program Secretariat)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date(mm/dd/yyyy) | Click here to enter a date. | | | | |
| Name |  | | | | |
| Department | Click here to select one. | | | | |
| Mobile number |  | | E-mail address | |  |
| Supervisor | [Seal] | | Industry-academia Collaboration Committee chairperson | | [Seal] |
| Name of host company or research institution |  | | | | |
| Coordinator at host company or research institution |  | | | | |
| Coordinator phone number |  | Coordinator e-mail address | |  | |
| Primary location |  | | | | |
| Dates |  | | | | |
| Plan summary |  | | | | |
| Objectives |  | | | | |
| Remarks |  | | | | |

**Use of personal information**

The information you provide on this form will be used internally by the Leading Program for the purpose of orchestrating and coordinating your internship. In addition, it will be used to compile internship program reports by the Leading Program.