



Work Plan*

Trainee Information		
Name		
Student ID		
Department		
Major		
Phone	T:	M:
e-mail		

Academic Advisor Information		
Name		
Phone	T:	M:
e-mail		

Head of Training Department Information		
Name		
Phone	T:	M:
Fax		
e-mail		

*Any modifications to this work plan must be reported to the university academic advisor.



Work Plan*

#	Work Description	Department	Start Date	Duration	Training Supervisor	e-mail	Phone
1.							T: ----- M:
2.							T: ----- M:
3.							T: ----- M:
4.							T: ----- M:
5.							T: ----- M:
6.							T: ----- M:
7.							T: ----- M:
8.							T: ----- M:
9.							T: ----- M:
10.							T: ----- M:

Academic Advisor Signature:

Trainee Signature:

Head of Training Department Signature:

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