明志科技大學學生轉換工讀實務實習合作機構、終止實習申請表(　　)　編號：

<table>
<tr><td>學生姓名</td><td></td><td>學號</td><td></td><td>系所班級</td><td></td></tr>
<tr><td rowspan="2">申請項目</td><td>□轉換單位</td><td colspan="4">□公司因素　□個人因素　□其他＿＿＿＿＿＿</td></tr>
<tr><td>□終止實習</td><td colspan="4">□操行成績　□轉學　□休學　□其他＿＿＿＿＿＿</td></tr>
<tr><td colspan="2">原實習合作機構</td><td colspan="2"></td><td>離職日期</td><td>＿＿年＿＿月＿＿日</td></tr>
<tr><td colspan="2">新申請合作機構</td><td colspan="2"></td><td>擬報到日</td><td>＿＿年＿＿月＿＿日</td></tr>
<tr><td>學生自我檢討</td><td colspan="5">一、自我檢討
二、改善方式

①學生簽名/日期：</td></tr>
<tr><td>輔導老師意見</td><td colspan="5">一、學生轉換原因(請勾選)
□實習公司因素：□公司縮減人事,學生遭辭退 □部門裁撤,學生遭辭退
□其他，請說明＿＿＿＿＿＿＿＿＿＿＿＿
□學生個人因素：□能力不佳,學生遭辭退 □態度不佳,學生遭辭退 □健康因素,學生主動提出 □體力無法負荷,學生主動提出 □人際關係適應不良,學生主動提出
□其他，請說明＿＿＿＿＿＿＿＿＿＿＿＿
二、輔導過程簡述
三、回饋原合作機構意見
四、檢討及新實習機會評估

②輔導老師簽名/日期：</td></tr>
<tr><td>班級導師意見</td><td colspan="5">一、學生先前在校情形說明
二、輔導過程簡述
三、檢討及輔導學生改善說明

③班級導師簽名/日期：</td></tr>
<tr><td>備註</td><td colspan="5">1. 轉換實習合作機構若為個人因素，將視情節簽報懲處，且該階段實習成績不得超過 65 分(含)。
2. 轉換實習合作機構限於兩週內完成，學生若因個人因素自行離職或一階段缺勤達 1/3 者（即四週），該階段實習成績核計零分。
3. 學生已確認新合作機構並經系主任、班導師及實習輔導老師審核通過後才可離職。
4. 學生辦理休退學亦須填妥此表，並於兩週內完成，逾期將召開會議審議。</td></tr>
<tr><td colspan="2">④系主任</td><td colspan="4">(請簽註意見/日期)</td></tr>
<tr><td colspan="2">⑤院　長</td><td colspan="2"></td><td>⑥學生輔導組</td><td></td></tr>
<tr><td colspan="2">⑦生活輔導組</td><td colspan="2"></td><td>⑧學務長</td><td></td></tr>
<tr><td colspan="2">⑨實習就業輔導組</td><td colspan="4"></td></tr>
<tr><td colspan="2">⑩研發長</td><td colspan="4"></td></tr>
<tr><td colspan="2">⑪校　長</td><td colspan="4"></td></tr>
</table>

表號：A0A2100717

Ming Chi University of Technology Application Form for Transfer Between Partner Institutions and Termination of Internship ( ) No.:

Student name		Student No.		Class/Year/Department/Institute	
Objective	□Transfer to another unit	□The Company's factor □Personal factor □Others_____			
	□Termination of internship	□Conduct performance □Transfer to another school □Gap □Others_____			
Original Internship Provider			Date of Resignation	_____MM/DD/YYYY	
New partner institution			Proposed onboard date	_____MM/DD/YYYY	
Self-review by the student	1. Self-review 2. Improvement method **①Student's Signature/Date:**				
Internship Advisor's comments	1. Cause of transfer **(Please check.)** □ Internship provider's factors: □The Company cut its personnel and the student is dismissed. □ The department is abolished and the student is dismissed. □ Others. Please specify: _____ □ Student's personal factors: □The student is dismissed for poor ability. □The student is dismissed for poor attitude. □The student requests it voluntarily due to health factors. □The student requests it voluntarily due to physical inability to bear the burden. □The student requests it voluntarily due to poor interpersonal adjustment. □ Others. Please specify: _____ 2. Advising procedure briefing 3. Feedback to the partner institution's comments 4. Review and evaluation on new internship opportunities **②Internship Advisor's signature/Date:**				
Class Advisor's comments	1. Descriptions about the student's previous condition in the school 2. Advising procedure briefing 3. Descriptions about review and advice on the student for improvement **③Class Advisor's signature/Date:**				
Remark	1. If the transfer between partner institutions results from personal factors, it will be reported and punished, subject to the circumstances, and the internship score at the relevant stage shall be no more than **65 scores** (inclusive). 2. The transfer between partner institutions shall be completed within two weeks. Any student who resigns or is absent from work for the period equivalent to one-third of any stage (namely, four weeks) due to personal factors shall be awarded a 0 score for the internship performance at the relevant stage. 3. The student may be allowed to resign only upon confirmation of the new partner institution, and also review and approval of the department chair, class advisor and internship advisor. 4. Any student who wishes to apply for withdrawal shall also complete this form and complete the procedure within two weeks; otherwise, a review meeting shall be convened therefor.				

④Department Chair	**(Please specify the comments/date.)**		
⑤College Dean		⑥Student Counseling Division	
⑦Student Assistance Division		⑧Dean of Student Affairs	
⑨Division of Internship and Career Services			
⑩Dean of the Office of Research and Development			
⑪President			

Form No.: A0A2100717