



## Internship Application Reply Form

Date:

### **Application Result**

Applicant's Name:   Accepted  Rejected

If accepted, please fill out the parts below:

Organization:

Training Location:

Department(s):

Training Area(s):

Work Days:  Work Hours:

Internship Duration:

**Please send us a brief training plan for the accepted applicant.**

If rejected, please state your reason(s) below:

### **Your Organization's Contact Information**

Contact Person:

Organization:

Department:  Position:

Phone No:  Fax No:

Email: