

Agreement No.: Zi-Di:



## Internship Agreement

This Agreement is made between

Party A: \_\_\_\_\_ &

Party B: Wenzao Ursuline University of Languages

Party C:

Duration: from mm dd yyyy to mm dd yyyy

Date of agreement: mm dd yyyy

The contract is signed between OOOOOOOO (hereinafter “Party A”) and Wenzao Ursuline University of Languages (hereinafter “Party B”). The aim of this Agreement is to promote the internship program so that both parties can comply with the collaborative rules.

**A. Responsibility**

- (1) Party A is charge of internship program design, job distribution, enrollment, training and guidance.
- (2) Party B is responsible for internship arrangement and counseling matters.

**B. Duration**

Type:  with credit  without credit

Category:  in summer  during semester  during academic year

other:\_\_\_\_\_

Duration: from mm dd yyyy to mm dd yyyy

Month(s)/week(s): 0 month(s)/ 0 week(s)

Hours: 000 hours (the total hours are recorded in the Internship Certificate)

**C. Data of student**

Educational system	Grade	Grade ( for interns in cross-academic year )			
		Class	Student ID No.	Name	Remarks

**D. Contents**

- 1. Job items and description: \_\_\_\_\_
- 2. Job items are arranged based on students’ health and safety.

**E. Report in**

- 1. Party B should send the list of interns and their data to Party A one week prior to

the start of the internship. Due to demands, the duration can be extended after the agreement has been signed by both parties.

2. On-the-job training should be carried out after reporting in; interns will be guided by professionals; the hours of this orientation will be counted as being within the duration.

F. Payroll:

G. Meals & accommodation:

H. Transportation:

I. Insurance (note: In addition to the disclosure of the insurance offered by Party A, Party B is requested to mark that Party B has accepted the accidental insurance of NT\$ 2,000,000 and medical injury insurance of NT\$ 50,000.)

J. Counseling

1. Each intern is guided by the professionals of Party A who are in charge of his/her job contents and skills
2. A counselor of Party B will be arranged due to the requirement, who is responsible for matters of counseling, communication and contact.
3. No illegal behavior should be conducted in the job contents of the internship; if Party A violates the law, Party B has the right to terminate this Agreement and the relationship between the interns and Party A will be terminated accordingly.

K. Evaluation

1. The performance scores should be evaluated by the manager of Party A and the counselor of Party B, respectively. Party A should send the Performance Scores Evaluation and Internship Certificate both issued by Party B back to Party B within one week after the termination of the internship.
2. The presence/absence is evaluated by Party A. If there are unexpected performance or difficulties of adaption, Party A should inform Party B and solve the problem together. After counseling, if the expected result cannot be achieved, the internship will be cancelled or the student will be transferred to another unit.
3. Irregular reviews will be implemented during the period of the internship in order to accomplish successful results

L. Supplementary

1. Party B should ask the interns to sign Agreement of Intellectual Property Rights and Confidentiality with Party A for the related business. The business secret known or held by the interns or Party B should not be disclosed to any third party or used by the interns or Party B either during the period or after the

termination of the Internship. The secret shall not be disclosed, reported or published at all.

2. The Appendixes hereof shall be made a part of the Agreement and possess the same effect. Other matters not stated in this Agreement shall be addressed according to further agreement made by both parties.
3. This Agreement shall be construed and governed according to the laws of the Republic of China.
4. Any dispute arising with respect to this Agreement shall be determined by arbitration taking place in Kaohsiung District Court, the first jurisdiction, as both parties may agree upon.

M. This Agreement is made in duplicate; a copy should be kept by each party.

N. Appendixes

(I.) Internship Certificate issued by Wenzao Ursuline University of Languages

(II.) Performance Scores Evaluation issued by Wenzao Ursuline University of Languages

Agreement signed by

Party A:

Representative:

Add.:

Business Registration No.:

Party B: Wenzao Ursuline University of Languages

Representative: President

Add.: No. 900, Minzu 1<sup>st</sup> Rd., 80793 Sanmin District, Kaohsiung

Business Registration No.: 76000424

Party C:

Date of agreement: mm dd yyyy

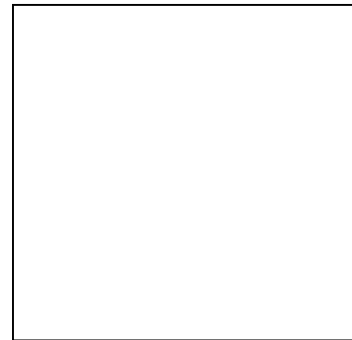


# Wenzao Ursuline University of Languages

## Certificate of Internship

This is to certify that \_\_\_\_\_ (student's name) of  
Department of \_\_\_\_\_, has successfully completed  
Internship Program from \_\_\_\_\_ to \_\_\_\_\_,  
totally \_\_\_\_\_ hours.

Host Institution :



Supervisor:

Date:

## **Internship Insurance Agreement**

I, a student of the \_\_\_\_\_ Department/Graduate Institute in the \_\_\_\_ year of study at Wenzao Ursuline University of Languages with Student ID \_\_\_\_\_, hereby certify that I will take part in overseas internship ( \_\_\_\_\_ Program of the year of \_\_\_\_\_). I fully understand that the University only provides a basic level of internship insurance (NT\$ 2 million coverage for accident insurance and NT\$ 50,000 for medical insurance). I have already purchased other insurance for better coverage (such as increasing the insured amount for accident/personal injury or purchasing medical/comprehensive travel insurance. Any student whose overseas employer has already purchased a higher level of insurance is not subject to this rule) based on my needs before going abroad, in order to protect my own rights and interests. I have also submitted the insurance certificate to the University to be kept for reference.

Wenzao Ursuline University of Languages

Head of Department/Principal Investigator (Signature)

Signed by: \_\_\_\_\_ (Signature)

Postal Address:

Phone:

Parent or Legal Representative: \_\_\_\_\_ (Signature)

mm/dd/yyyy