



STUDENT 學生資訊

Family name: 姓	
First name: 名	
Sex: 性別	
Date of birth: 出生年月日	
Faculty/Department: 所屬系所全名	

SENDING INSTITUTION 薦送機構

Name of sending institution: 薦送機構全名	National Taipei University of Technology 國立臺北科技大學
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RECEIVING INSTITUTION 研修機構

Country: 國家	
Name of sending institution: 研修機構全名	
Faculty/Department: 研修系所全名	

This is to certify that the student has registered and attended our institution
謹在此證明上述學生在本校研修期間為

from(day 日)(month 月)(year 年)

till(day 日)(month 月)(year 年)

Name and position of the authorized person at the host/receiving institution
研修學校代表之姓名與職稱：

Date 日期：_____

Signature 簽名：_____

Official stamp of the receiving institution 研修機構核章：

