(Month)(Day), (Yr)

Academic Guidance Completion Report

Executive Vice President (Research and Academia-Government-Community Collaboration)

Applicant

Name:

Title:

Signature:

This is to report completion of the Academic Guidance as follows:

１．Theme of Academic Guidance

２．Applicant of Academic Guidance

　　　Company Name:

　　　Address:

３．Outline of Academic Guidance

４．Term of Academic Guidance

　　　 Start date :　　(Month)(Day), (Yr)

Finish date:　 (Month)(Day), (Yr)

５．Other