|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operational Plan (Internship Program)** | | | | |
| **The Person in charge of the internship program** | Name |  | Position |  |
| Division |  | Mobile |  |
| Office |  | FAX |  |
| E-mail |  | | |
| **1st week** | |  | | |
| **Period:** | |
| **2nd week** | |  | | |
| **Period:** | |
| **3rd week** | |  | | |
| **Period:** | |
| **4th week** | |  | | |
| **Period:** | |
| **5th week** | |  | | |
| **Period:** | |
| **6th week** | |  | | |
| **Period:** | |
| **7th week** | |  | | |
| **Period:** | |
| **8th week** | |  | | |
| **Period:** | |
|  | | | | |