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| **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:** |
|  |