**RESHC Student Participation Record**

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| --- | --- |
| Student name: |  |
| Student no.: |  |
| RESHC Project Reference No: |  |
| Required monthly internship hours: |  |
| Completed no. of internship hours (this month): |  |
| ※CS points will be awarded to students who have completed the entire research internship hours.  ※ A participation certificate will be issued to students who have completed at least 80% of the entire research internship hours and submitted the internship report to HC General Office within one month after the completion of internship. | |

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| **Participation Record** | | | | |
| Date  (dd/mm/yyyy) | Time | | | No. of hours |
| From - To | | |
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| **Total Hours**: | | | |  |
| **※** Declaration: I DECLARE that the information given in this form is correct and true  . | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** | |