



Center for Engineering Education Development
Hokkaido University
Sapporo Japan

Completion Certificate of Internship Program

No.

Name

University

Nationality

Date of birth

Duration of Internship: *From*

To

Field

Supervisor

This is to certify that the above-named person successfully completed the internship program at the Faculty of Engineering, Hokkaido University.

Date:

*Director, Center for Engineering Education Development
Hokkaido University*

小塚 晃

Prof. KOZAKI Tamotsu