**INTERNSHIP REPORT**

(**TITTLE** )

Arranged by:

**NAME (STUDENT NO)**

Done the internship period from (**date implementation**) at **(Venue**)

Approved by:

**Supervisor, Examiner I, Examiner II,**

|  |  |  |
| --- | --- | --- |
|  Name |  Name |  Name |
|  NIP. |  NIP | NIP |

Knowing,

**Head of Study Program Culinary art, OTTIMMO International Mastergourmet Academy,**

**Director of OTTIMMO**

**International Mastergourmet Academy,**

Zaldy Iskandar, B.SC. Irra Chrisyanti Dewi, S.Pd.,M.S.M

NIP: 197310251201001 NIP. 197812011702028