1 inch
1 photo

STUDENT REQUEST FORM FOR CO-OPERATIVE EDUCATION

DIDYASARIN INTERNATIONAL COLLEGE MAJOR _____

Full Name _____ Student ID_____

Tel No._____GPA(Current)_____E-mail_____

Organization_____

Position **(require)**_____

_____

Job description_____

Address_____

_____

Tel No._____Fax_____E-mail_____

Full Name of Head of Department (Organization)_____Position_____

Full Name of Coordinator (Organization)_____ Position_____

_____Mobile_____E-mail_____

Tel No._____Fax _____

Signature _____Student

(

)

_____/_____/_____

☐ Approved ☐ Denied because ..... Signature ..... ( ) Lecturer Co-operative Education Coordinator ……/……/……	☐ Approved ☐ Denied because …… Signature …… ( ) Head of Department …… ……/……/……

Attachments

- ❑ 1. Co-operative Education Application Form / Attach 1 inch photo / 1 copy (Accept applications that apply through the Cooperative Education from eservice only)
- ❑ 2. Personal Profile / Attach 1 inch photo / 1 copy
- ❑ 3. A copy of house registration / 1 copy (certified true copy)
- ❑ 4. A copy of ID card / Passport / 1 copy (certified true copy)