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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

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Signature

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(

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Head of Department

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_____/_____/_____

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)