

Student Accommodation form

Cooperative Education Kasetsart University

(Information provided by the student)

To Director of Cooperative Education College/Institute/University

.....

Name-Lastname _____ Student ID _____

Field of study _____ Faculty _____

Name of workplace (in Thai or in English) _____

want to inform the details of accommodation during internship as follow ;

Address number _____ Road _____ Soi _____

Distrist _____ Province _____ Postal code _____

Tel no _____ Fax no _____

in case of emergency please contact _____

Address number _____ Road _____ Soi _____

Distrist _____ Province _____ Postal code _____

Tel no _____ Fax no _____

Map of accommodation

For the convenience of evaluator's assessment, please indicate the name of the road and other important places nearby.

(Student's signature).....

(_____)

Student's name

Date