## Cooperative Education Program Work Plan Report

Cooperative Education Program Kasetsart University

| (Information provided by the student and job supervisor) |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|--|-------------|-----------------------|-------|-------|-----------------------|--------|-----------------------|-----------------------|--|--|-----------------------|--|--|--|
| Name - Lastname  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
| Field of study   |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
| Name of workplace  Details of work plan                  |             |                       |       |       | _                     |        |                       |                       |  |  |                       |  |  |  |
| Details of work plain                                    |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
| Coopera  | ntive educa | itior                 | ) WC  | ork p | olan                  |        |                       |                       |  |  |                       |  |  |  |
| Items  | 1           | 1 <sup>st</sup> month |       |       | 2 <sup>nd</sup> month |        |                       | 3 <sup>rd</sup> month |  |  | 4 <sup>th</sup> month |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        | $\parallel \parallel$ |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
|  |             |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
| (Student's signature)                                    | (Jc         | b su                  | pervi | sor's | signatu               | ıre) _ |                       |                       |  |  | _                     |  |  |  |
| (  | •           |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |
| Date   | _           |                       |       |       |                       |        |                       |                       |  |  |                       |  |  |  |

It is appreciated that you return this form to cooperative education within the second week of student's internship