

Cooperative Education Work Nomination Form

Cooperative Education Program Kasetsart University

Workplace details
Workplace Name/Department
Address Road District
Province
Tel no Fax no
E-mail (if use)
Product/Organization type
Manager's name
Name-surname
PositionDepartment
If the university requires to contact the workplace/department please
() Contact the manager / Head of the department
() Contact the following person
Name-lastname
Position

2. Work details / Student benefits and required qualification (If the requirement is more than one field of study, please make another copy of this page and write the details separately) Academic competency or skills Other indications (such as equipment or tools students have to use during the internship or others: please identify) Job Position Job Description Working hours per week Benefits for students during internship Compensation [] None [] Yes..... baht / day or baht / month Accommodation [] None [] Yes [] No expense required [] Student responsible for the expense..... per month / day **Transportation** [] None [] Yes [] No expense required] Student responsible for the expense..... per month / day Other benefits if yes please identify...... Student nomination process [] Nominated by the workplace [] Nominated by the university Cooperative Education's coordinator (Signature)..... (Workplace) Position..... (Signature) Date..... Position.....