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| images | **CO.S-01**  **Rajamangala University of Technology Srivijaya**  **Cooperative Education and Internship** |

**Cooperative Education Form**

**Organisation**

**Name of organisation**..........................................................................................................................................................

**Address**…………..........................................................................................................................................................................

**Tel**...........................................................................................**Fax**……........................................................................................

**A contact person’s name/job position** .........................................................................................................................

**Please mention how to send the request letter for cooperative training to organisation**

🞏 Students will send the letter by themselves. 🞏 The faculty will send the letter.

Students

1. Full name....................................................................................Academic Advisor.........................................................

Program..................................................................................................Year.........................Tel.........................................

2. Full name.................................................................................... Academic Advisor........................................................

Program..................................................................................................Year.........................Tel.........................................

3. Full name.................................................................................... Academic Advisor........................................................

Program..................................................................................................Year.........................Tel.........................................

4. Full name.................................................................................... Academic Advisor........................................................

Program..................................................................................................Year.........................Tel.........................................

5. Full name.................................................................................... Academic Advisor........................................................

Program..................................................................................................Year.........................Tel.........................................

**\*\*Note :**

* Please fill in the form neatly.
* If students will be in the same organisation for cooperative training, please fill in the CO.S-01 form and attach their academic transcripts to be submitted to office of Cooperative Education.
* Students are allowed to ask for cooperative training only in an organisation.
* If students are accepted for co-op training in an organisation, they are not allowed to change the organisation without justifiable reasons.