 **RAJAMANGALA UNIVERSITY OF TECHNOLOGY SRIVIJAYA**

 **CO.A-๐2**

**CO.RMUTSV**

 **COOPERATIVE EDUCATION**

Supervision/workplace visit confirmation form for cooperative education

**2nd semester, Academic year 2022**

Company’s name……………………….…………..……………………………………………………………………………..

Location………………………………………………...…………………………………………….....................................……

Telephone………………………………………………..………………………fax…..................................…………………

Topics to be discussed in the 1st supervision

1. The students’ job responsibilities and his/her work plan during on- the- job training.
2. Project topic and rough draft project report
3. Working skills and problems met during internship/on-the- job training
4. Listening to job supervisor’s opinion regarding the guidelines and philosophy of Cooperative Education

Lists of Cooperative Education Students, 2nd semester, Academic year ……………..

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Students’ full name | Students’ programme | Job position/ job description |
| 1 |  |  |  |

The Schedule of Cooperative Education Supervision

|  |  |  |
| --- | --- | --- |
| No. | Date | Time |
| 1 |  |  |

List of Cooperative Education Advisors Visiting the Workplace from \_\_\_\_\_\_\_\_\_\_\_\_programme, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty of Liberal Arts, Rajamangala University of Technology Srivijaya

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Full name | Position | Telephone number |
| 1 |  |  |  |
|  |  |  |  |

The workplace has been informed of the date of the visit on the above-specified date and time and has thoroughly understood the aforementioned supervision procedures and would like to inform that:

[ ] The above specified schedule is a convenient time to welcome the visiting Cooperative education advisors.

[ ] We are inconvenient to welcome the Cooperation education advisors on the above-specified date and would like to change due date as follows.

|  |  |  |
| --- | --- | --- |
| No. | Date/month/year | Time |
|  |  |  |

Please be informed accordingly,

 Signature………………………………………

 (……………………………………..)

 Position………………………………………..

 Job mentor/ Job advisor