 **RAJAMANGALA UNIVERSITY OF TECHNOLOGY SRIVIJAYA**

 Co.A.-02

 **COOPERATIVE EDUCATION**

The 2nd supervision/workplace visit confirmation form for cooperative education

2nd semester, Academic year \_\_\_\_

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

Location…………………………………………………………………………………………………

Telephone………………………………………………………………………fax……………………

Topics to be discussed in the 2nd supervision

1. Students’ project presentation at his/her workplace and an invitation for his/her job supervisor or anyone who got involved in the project, and providing suggestions to students during his/her presentation
2. A rough summary of students’ cooperative education work performance and his/her project
3. Informing about the evaluation criteria for cooperative education students’ work performance and his/her project
4. Listening to job supervisor’s suggestions regarding cooperative education students’ work performance

Lists of Cooperative Education Students, 2nd semester, Academic year \_\_\_\_\_\_

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

The Schedule of Cooperative Education Supervision

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

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 |
|  |  |  |  |

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