



Division of Cooperative Education, Faculty of Engineering KMITL
 Soi 1, Chalongkrung 1, Chalongkrung Road, Ladkrabang, Bangkok 10520,
 Tel. 02-329-8000 Ext. 3448 Fax (+66) 02-329-8316

coopeng@kmitl.ac.th

Assigning Name of Department Form for co-operative education

Name		Student ID	
Department		Program	Tel.
Name of Company			
Name of contact person		Position	
Address			
Tel.		Fax	

- Student will carry document to contact your HR department on his or her own
- Sent by the Faculty via post office
- Sent document via email

<p>Comments of Cooperative Education Division Committee Dear Board of Cooperative Education Division,</p>

Signature _____

(_____)

Cooperative Education Division Committee

Department/Program _____

_____/_____/_____

Remark Before offering to Division of Cooperative Education student must fill this application form before send it to Cooperative Education Division Committee for consideration in order to proceed the co-operative education request form. Tel.3448 (K. Jiraporn)

No. 7002(2)/ _____ Date _____ Name of Receiver _____