STUDENT'S INFO	ORMATIO	ON					Photo
Name-Last name: (Thai)							1 1000
First-Last name: (English)							
Date of Birth: (dd/mm/yy)					Stude	ents ID:	
Present Address:							
Mobile:	+66-		En	nail:			
Emergency Contac (Name-La							
	Mobile:	+66-		Email:			
Rela	tionship:						
STUDENT'S QUA	LIFICAT	TION					
Faculty:							
Major Subject:						GPAX:	
Degrees Expected:					Years A	ttended:	
Native Language:							
English Ability:	🗌 Na	ative level 🗌 Good		Daily convers	sation on	ly 🗌 Ca	nnot speak at all
English Test: (if applicable)	TOEIC: TOEFL: IELST: CEFR:				EFR:		
JLPT test: (Japanese)	\square_{N1} \square_{N2} \square_{N3} \square_{N4} \square_{N5}						
HSK test: (Chinese)		vel 1 Level 2	Πl	evel 3 🗆 Le	evel 4		5 🗆 Level 6
Other languages: 1)		🗌 Nat	ive l	evel 🗌 God	od 🗌	Daily con	versation only
2)		🗌 Nat	ive l	evel 🗌 Goo	od 🗌	Daily con	versation only
HOME UNIVERS	SITY'S IN	FORMATION					
Suranaree Univer 111 University A website: <u>www.co</u> Tel: +66 44 223 (csity of Tec vanue, Mu op.sut.ac.t 052 or +66	uang, Nakhon Ratchas t <u>h</u>	sima, -66 4	, Thailand 300 4 223 045	00		

The Center for Cooperative Education and Career Development, Suranaree University of Technology

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THE CENTER FOR COOPERATIVE EDUCATION & CAREER DEVELOPMENT

S

STUDENT'S JOB PREFERENCE							
Prefered Country	1)	2)	3)				
Prefered Work Term (16 weeks):	Academic year: \Box 1 st term \Box 2 nd term \Box 4 nd term						
Preferred Faculty/ Host University: (if any)	(July - October)	(November - February)	(March - June)				
(If uny)	1)						
Preferred Categories of Industry, Business, or Jobs:	2)						
	3)						
Special Preferences (if an	ny)						
	Ap	plicant's signature					

Full Name (.....)

Date