Operation details Form

JOB NO. ☐☐–☐–☐☐–☐☐☐

(Contributor: Students who just got back from their job training)

Instructions

Please write in BLOCK letters and submit to CCECD after finishing your job training and you are already back to Suranaree University of Technology.

To: The Director of the Center for Cooperative Education and Career Development

Student's Name _____

Student ID_____

Institute_____ School_____

Job Training at workplace:

(in Thai or in English)_____

Title_____ I would like to inform Workplace Information

Job Description (Students should seek the advise of their co-op advisor before writing to ensure the accuracy of the information or see the samples.)

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Report Topic

(Thai)_____

(English) _____

(Signature)...

(_____)

Co-op Student

Date...

For co-op officials only

....

Date _____

Please return to CCECD after returning from the workplace.