



Acceptance Form for Cooperative and Work Integrated Education Program

(Information provider: Establishment)

Name of Establishment
AddressRoad Sub-DistrictDistrict
Province Postcode Telephone No
โทรศัพท์ / Fax No E-mail
Business TypeBusiness Size

Please ✓ in the box to indicate your preference

- No, we do not accept student for Cooperative and Work Integrated Education Program.
Yes, we are pleased to accept student for Cooperative and Work Integrated Education Program

Name-surname..... ID No
Faculty Major
Department
Position
Duties & responsibilities

Details of Work

Working days and hours
Working period: from (D/M/Y)..... to (D/M/Y)

Benefits offered to Co-op student

Wage [] No [] Yes THB/day or THB/month
Housing [] No [] Yes [] Free
[] To be responsible by student THB per month/day

Transfer between the company and housing or nearby community
[] No [] Yes [] Free
[] To be responsible by student THB per month/day

(Other benefits, please specify)

Contact person

Name-surname
Position Department
Telephone No E-mail.....

Signature
(.....)

Position
...../...../.....