

	Accommodation Description and Establishment Map	WUC-009
	The Center for Cooperative Education and Career Development Walailak University	Effective Date

Please submit before the end of week 3 of practice.

Dear The Center for Cooperative Education and Career Development

Name-Surname _____ Student ID _____

Program _____ School of _____

Name of work place _____

Address _____

I would like to inform an accommodation description during Cooperative Education practice as follow:

Name of dorm/apartment _____ Room No. _____

House No. _____ Alley _____ Road _____ Village No. _____ Sub-district _____

District _____ City _____ Postal Code _____

Tel. _____ Fax. _____

Receiving documents from university No need; to access news through <http://coop.wu.ac.th> and <http://ces.wu.ac.th>

Need documents from university; deliver to comm. Work place

Emergency Contact

Name-Surname _____

House No. _____ Alley _____ Road _____ Village No. _____ Sub-district _____

District _____ City _____ Postal Code _____

Tel. _____ Fax. _____

Establishment Map To be convenient for a Co-op advisor; please identify street and nearest landmark to understand easily.

Signature _____

Date _____

The Center for Cooperative Education and Career Development Walailak University, Thasala Nakhon Si Thammarat 80160

Tel. 0 - 7547 - 6308, 0-7547-6302-10 Fax. 0-7547-6306 Email : coop@wu.ac.th <https://coop.wu.ac.th>