	Cooperative Education Plan	WUC-010 Revised #1
	The Center for Cooperative Education and Career Development Walailak University	Effective Date 3/20/2007

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 _____

I practice at (Name of the establishment) _____

I would like to inform the details of Cooperative Education plan as follows:

Cooperative Education Plan

Job Duty	Month….				Month….				Month….				Month...			
	Week				Week				Week				Week			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Remark If the content can't be fit into a single page, please write in new sheet.

(signed)..... Student

(.....)

Date.....

f ..... Job Supervisor

( )

Position .....

Date .....

The Center for Cooperative Education and Career Development Walailak University, Thasala Nakhon SI Thammarat 80161

Tel. 0 - 7547 - 6308, 0-7547-6302-10 Fax. 0-7547-6306 E - mail: coop@wu.ac.th https://coop.wu.ac.th