

Cooperative Education Weekly Job Assignment Form

Walailak University

Trimester/.....

Note: After completing Co-op practice, a student must attach this form in an appendix of a report

Name-Surname (Student) Student ID

Program..... School of.....

Name of Work Place..... Department/Section.....

pp.

| Week | Job Assignment (In brief) |
|------|------------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |

Signature

(.....)

Job Supervisor

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pp.

| Week | Job Assignment (In Brief) |
|------|------------------------------|
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |

Signature

()

Job Supervisor