



General Request Form

WUC-001

Center for Cooperative Education and Career Development
Walailak University

Effective Date

Date _____

Subject _____

Dear Director, the Center for Cooperative Education and Career Development

Name _____ Student ID _____

Program _____ School of _____ Phone _____

Academic Advisor _____

I would like to _____

Because _____

For your consideration and approval

(Signature)

(.....)

Co-op Professor Coordinator		Dean	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Comments _____		Comments _____	
Signature _____ (_____)		Signature _____ (_____)	
Date _____		Date _____	
Cooperative Education Staff		Director	
Comments _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature _____ (_____)		Comments _____	
Date _____		Signature _____ (_____)	
		Date _____	

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