

Co-op Working Plan Form Naresuan University

(Detail Provider: Co-op student together with Job Supervisor)

Name-SurnameStudent ID.....

MajorFaculty.....

Name of place of internship

.....

Details of working plan are as follows:

Working Plan

| Detail | 1 st Month | | | 2 nd Month | | | 3 rd Month | | | 4 th Month | | |
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Signature
(.....)

Position: Co-op Student

Date

Signature
(.....)

Position: Job Supervisor

Date