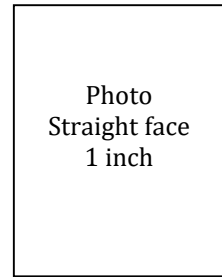


Cooperative Education Application Form
Faculty..... **Chiang Mai University**



Name of Employer _____
Period of Work From _____ To _____

Student Personal Data

(Mr./Mrs./Miss) (in Thai) _____
(in English) _____

Student Code _____ Division _____ Department _____ Year _____
 Advisor _____ GPA for most recently completed semester year _____
 Identification Card No. _____ Issued at _____ Issued date _____
 Race _____ Nationality _____ Religion _____ Date of Birth _____
 Age _____ Years Sex _____ Height _____ Cm. Weight _____ Kg. Specific Chronic Disease _____
 Current Address _____ Telephone No. _____ Mobile
 phone No. _____ Fax _____ E-mail _____ Emergency case contact person
 Name & Surname _____ Relationship _____ Occupation _____
 Place of work _____ Address _____
 Tel. _____ Mobile phone No. _____ Fax No. _____

Family Details

Father's name _____ Age _____ Years Occupation _____
 Address _____ Telephone No. _____
 Mother's name _____ Age _____ Years Occupation _____
 Address _____ Telephone No. _____
 Number of siblings including yourself: _____ Person(s) as follows

No.	Name & Surname	Age	Occupation	Position	Address
1.					
2.					
3.					

Educational Background

Level	School/College/University	Year attended	Year graduated	Certificate	Major
Primary School					
Secondary School					
High School					
Vocational Education					
Bachelor Degree					

Language Proficiency

Language	Listening			Speaking			Reading			Writing		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
English												
Chinese												
Japanese												
Other												
Indicate:												

Signature _____
(_____)
Student
Date _____