

Job No.

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(Only for institution staff)

Cooperative Education Action Plan Form
Faculty..... Chiang Mai University

Please return toDivision Faculty Chiang Mai University
by the second week of the cooperative education work term

Name _____ Student ID _____

Department _____ Faculty _____

Name of business to complete cooperative education work _____

Details of the cooperative education action plan are as follows:

Cooperative Education Action Plan

Topic	Month 1				Month 2				Month 3				Month 4					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

Signature _____
 ()
 Cooperative Education Student
 Date _____

Signature _____
 ()
 Position _____
 Date _____