



CIM. Co-Ed01

Co-operative Education Introduction Form

College of Innovation and Management Suan Sunandha Rajabhat University

1. Student Information

Name – Surname.....Student ID.....

Phone Number.....Department.....

2. Co-operative Training Facilities:Request for educational training at ☐ Public Agency ☐ Private Agency- **Send Official Letter to:** First-Last Name (Written).....- **Organization Unit Name**.....- **Position**.....- **Address:** No..... districts.....provinces.....zip codes.....
country.....Phone number..... E-Mail.....- **Coordinator name (first contact person)**- **Training sections such as** divisions, departments (or N/A)- **Job description requested** (or N/A)- **Training Period** From (D/M/Y).....To (D/M/Y).....

Student Signature

Date.....

<u>3. Advisor/Lecturer's comment</u> Signature..... Date..... / /	<u>4. Head of Department's comment</u> <input type="checkbox"/> Approve <input type="checkbox"/> Not Approve (Reason).....	<u>5. CIM Officer</u> <input type="checkbox"/> Already proceeded <input type="checkbox"/> Unable to proceed (Reason)..... Signature..... Date..... / /
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Remark

1. Attach a copy of your student ID card, a copy of your ID card, a printout of your academic results (in the reg.ssu.ac.th system) and sign all copies.

1.1 Students must meet the academic conditions according to the courses prescribed by the College of Innovation and Management as follows:

1.1.1 Have a grade point average of 6 semesters (including the summer semester). The average score must not be lower than 1.80.

1.1.2 Academic results must not hold a W or F, or have no more than 4 academic grades with a W or F in aggregate.

1.1.3 Studying in the preparatory course for cooperative education and have grades in the preparatory courses for cooperative education, not in the W or F.

1.2 In case of dispute or appeal The Dean's order shall be final