INT 001

Request form for Internship, Academic Year 2014

(Please verify the information below and fill out this form by elaborate handwriting)

Company/Agency's Information

Company/Agency.....

To ..... **(Position only)**

Address ..... Sub-District.....

District .....Province..... Postal Code.....

website.....Telephone .....Fax.....

Student's information

Student ID code	Name and Last name	Department	GPA	Telephone	E-mail

For the advisor (For approval of student internship)

[ ] Approved the student to intern with a company/agency

[ ] Disapproved the student to intern with a company/agency

..... (Signature of advisor)

Date .....

For the guardian

I (Mr./Miss/Mrs.).....related as.....

of (Mr./Miss/Mrs.)..... Student of Faculty.....

..... Department of.....

[ ] Not allow this student to intern

[ ] Allow this student to intern Academic year.....

With a company/agency.....

Address..... Sub-District.....

District.....Province..... without any condition.

Signature .....

(.....)

The guardian of.....(Name of Student)

Note 1. The guardian must be parent or the assignment of student only

2. Student must submit this request form to the respective office

IF DO NOT submit this form, it will be assumed that the student does not request for internship

The Office of Student Affairs 08/09/2014