

**Job No.**

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*(Only for institution staff)*

## Cooperative Education Action Plan Form Faculty of Humanities, Chiang Mai University

Please return to Educational Services and Student Quality Development Section, Faculty of Humanities,  
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 \_\_\_\_\_