Job No.						

(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 wor	k
Details of the cooperative education action plan are as fol	lows:

Cooperative Education Action Plan

Торіс		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		Signature	
()	()
Cooperative Edu	cation Student	Position	
Date		Date	

Educational Services and Student Quality Development Section, Faculty of Humanities, Chiang Mai University 239, Huay Kaew Road, Muang District, Chiang Mai Thailand, 50200 Tel.053-943215,053-943274 Fax 053943220 E-mail: humancmu.coop@gmail.com