

**International Cooperative Education Application Form**

1. STUDENT'S INFORMATION	
1. First Name and Family Name ..... Students ID: ..... ..... First Name and Family Name (Thai only) ..... 3. Date of Birth (dd/mm/yy)..... 4. Sex .....	2. Photograph <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
5. Present Address ..... ..... Postcode: ..... Tel: ..... Mobile: ..... Email: .....	
6. Emergency Contact Name: ..... Relationship: ..... Tel: ..... Email: .....	
2. HOME UNIVERSITY'S INFORMATION	
1. Name:..... <u>The Center for Cooperative Education and Career Development</u> ..... <u>Suranaree University of Technology</u> ..... Address:..... <u>111 University Avenue, Muang, Nakhon Ratchasima, Thailand</u> ..... Postcode: <u>30000</u> ..... 2. Name of Co-op Program Co-ordinator:..... <u>Ms. Kamonwan Banditsatisan</u> ..... Tel: <u>+66-44 223 052</u> ..... Fax: <u>+66 44 223 045</u> ..... Email:..... <u>kamonwan@g.sut.ac.th</u> ..... Website: <u>www.coop.sut.ac.th</u> .....	
3. STUDENT'S QUALIFICATION	
1. Name of Faculty: ..... Degrees Expected: ..... Major Subject: ..... Years Attended: ..... GPAX: .....	
2. Native Language .....	
3. English Ability: <input type="radio"/> Native level <input type="radio"/> Good <input type="radio"/> Daily conversation only <input type="radio"/> Cannot speak at all	
4. English Test (if applicable): TOEIC:..... TOEFL: ..... IELTS: ..... Others: .....	
5. Other languages ..... <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair	

**4. STUDENT'S JOB PREFERENCE**

1. Preferred Country .....

2. Preferred Co-op/Internship period:  1<sup>st</sup> term    2<sup>nd</sup> term    3<sup>rd</sup> : Year.....

3. Preferred Faculty at Host University: .....

4. Preferred Categories of Industry or Business

    First Preference: .....

    Second Preference: .....

    Third Preference: .....

5. Special Preferences (if any)

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6. Please introduce yourself and describe your purpose of applying for the international cooperative education program in your own words.

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Signature .....

Full name.....

Date .....