

JOB NO.

Building Quality And Life Values Through Work Experience

Please return this form via fax:0-4422-3053, 0-4422-3045

within the 2nd week of Co-op practicum

Student's Name _____ ID # _____

School _____ Institute _____

Co-op practicum at (Name of workplace) _____

Please provide Co-op workplan information below.

Co-op Work Plan

Work Title	1st Month			2nd Month			3rd Month			4th Month		

(Signature) _____

(_____)

Co-op Student

Date _____