



มหาวิทยาลัยขอนแก่น
KHON KAEN UNIVERSITY



Khon Kaen University
International College

Report for Duty Form (C01/I01)

Person Concerned: Human Resource Department, Training and Development, or Staff Advisor

Name of Establishment/Organization: _____

Address: _____

Province/City: _____ Postal Code: _____

Contact Number: _____

E-mail: _____

To the Head of the Cooperative Education/Internship Program

I hereby confirm that our organization has accepted the following students to participate in our internship/cooperative education program.

1. _____

2. _____

3. _____

The student(s) has arrived and report to work for the internship/cooperative education successfully on Date _____ Month _____ Year _____

until Date _____ Month _____ Year _____

Respectfully Yours,

Sign _____

(_____)

Position: _____