



جامعة فطاني  
มหาวิทยาลัยฟาฏอนี  
FATONI UNIVERSITY

## Recording student performance of Cooperative education

Name-Username of Student.....

Student Identity.....

Major ..... Class year.....

FACULTY OF SCIENCE AND TECHNOLOGY  
FATONI UNIVERSITY



جامعة فطاني  
มหาวิทยาลัยฟาฏอนี  
FATONI UNIVERSITY

## Recording student performance of Internship

Name-Username of Student.....

Student Identity.....

Major ..... Class year.....

FACULTY OF SCIENCE AND TECHNOLOGY  
FATONI UNIVERSITY



جامعة فطاني  
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FATONI UNIVERSITY

Recording student performance  
of Cooperative education and Internship  
(for Student)

Year of .....

Name- Last-named .....Student ID.....Department.....

Name of an Organization .....

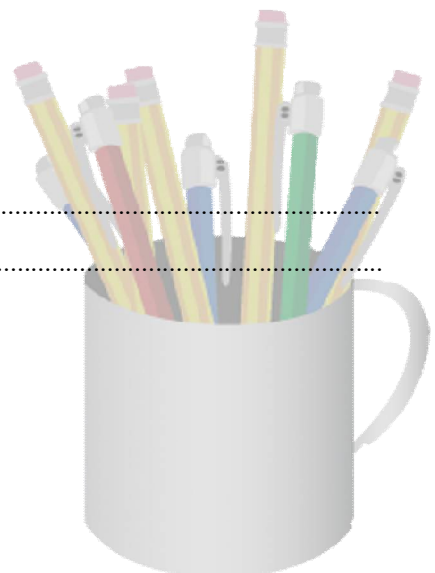
Current address of an Organization.....

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Job Supervisor's Name.....

Position.....



# Student Records

## Information about students

### 1. Profile

1.1 Name.....Last-named.....  
 Student ID..... Department .....

### 1.2 Residence of students during the operation

No ..... Alley ..... Street .....  
 District..... City / Town.....  
 Province ..... Postcode .....  
 Tel. ....E-mail :.....

### 1.3 Students joint to practice

1.3.1 Name.....Last-named.....  
 No ..... Alley ..... Street .....  
 District..... City / Town.....  
 Province ..... Postcode .....  
 Tel. ....E-mail :.....

1.3.2 Name.....Last-named.....  
 No ..... Alley ..... Street .....  
 District..... City / Town.....  
 Province ..... Postcode .....  
 Tel. ....E-mail :.....

1.3.3 Name.....Last-named.....  
 No ..... Alley ..... Street .....  
 District..... City / Town.....  
 Province ..... Postcode .....  
 Tel. ....E-mail :.....

**Information about the Department**

**1. Professors oversight and coordination.**

1.1 Head of Department

Name .....

1.2 Advisors research project / research (if any).

Name .....

1.3 supervisor

Name .....

**2. Period of performance.**

Begin Date ..... Month ..... A.D. ....

Finished Date ..... Month ..... A.D. ....

**Information about the agency / Organization.**

For students to learn about workplace experience as a direct benefit to students and to adapt more.

**1. Location Information**

Name Location.....

No ..... Alley ..... Street .....

District..... City / Town.....

Province ..... Postcode .....

Tel. ....E-mail :.....

**2. Name of Head of Department / Organization.**

Name .....

Position .....

**3. Student Leaders during the operation (mentors).**

Name .....

Position .....

Tel. ....E-mail :.....



### Operational records

Week of.....

From Date ...../...../ .....To Date ...../..... /.....

The practice department.....

#### Practices That Work

Monday...

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Saturday....

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sign.....  
(.....)

Student

sign.....  
(.....)

Supervisor / mentor

### Operational records

Week of.....

From Date ...../...../ .....To Date ...../..... /.....

The practice department.....

**Practices That Work**

Monday...

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sign.....  
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Student

sign.....  
(.....)

Supervisor / mentor



### Operational records

Week of.....

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The practice department.....

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sign.....  
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Student

sign.....  
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Supervisor / mentor

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The practice department.....

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Student

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Supervisor / mentor

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Supervisor / mentor

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sign.....  
(.....)

Student

sign.....  
(.....)

Supervisor / mentor





### The period of performance

Come.....days

Late.....days

Absence.....days

Leave..... days

Sick.....days

(sign)..... Student

(.....)

Date...../...../.....

#### All time of the practice

Total 80 % up

Less than 80 %

(sign)..... The administrator / supervisor

(.....)

Date...../...../.....