



Internship Request Form

Name of the Organization.....

No.....Floor.....Building.....

Housing Estate.....Soi.....

Road.....Sub-District.....

District.....Province.....

Name and Surname of the Internship Liaison Officer of the accepting Organization

.....

Tel No.....Fax.....

Email address.....

Please use the symbol “X” to mark the appropriate box to show your intention to offer/not offer internship from your organization

We would like to offer an internship to

Name and Surname.....student ID.....

**The Department of Economics, Faculty of Economics, Kasetsart University will send the letter of introduction and the internship evaluation form with the student when he/she starts the internship at your organization. **

We have no intention to offer an internship to

Name and Surname.....student ID.....

Signature.....

(.....)

Position.....

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

Please kindly return this form within 20 working days after you receive it.

Contact Information: you can return this form by

- 1). Fax : 02-5798739 or
- 2). returning the form with the student who has requested the internship. or
- 3). suvaree.s@ku.th