



Professional Experience Training Form

For requesting the letter for The Professional Experience Training with an organization

International College, Chiang Mai Rajabhat University

Semester..... Year.....

- Curriculum based Professional Experience Training
- Extra Curriculum Professional Experience Training

Student's Information

Name – Surname.....
 Student Code..... Advisor.....
 Year..... Program..... Section.....
 Phone No..... E-mail.....

Organization's Information

Organization's Name.....
 Address.....
 Province.....zipcode.....
 Phone No..... fax.....
 Name of the Head of Organization.....
 Position.....
 ลักษณะงานที่ต้องการฝึกประสบการณ์วิชาชีพ.....
 Professional Experience Training starts.....to.....

Remark 1 student, please choose only 1 organization. In case of you are rejected by the organization, please fill the form again and submit with rejection letter from the organization and comments from your advisor.

Signature..... Student
(.....)

Date.....

Advisor's Comment

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Signature.....