



FC0: STUDENTS' INTERNSHIP REQUEST FORM

Details of the requested training organisation

Name of organisation .....

Address .....

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Country .....

Contact person of organisation

Title .....

Name .....

Position .....

Phone number.....

Email address .....

Details of the students

Student name .....

ID.....

Programme of study.....

SAMPLE: FC0
(This form is to be filled electronically through
https://moodle.ise.eng.chula.ac.th)