

CO-OP JOB CONFIRMATION FORM

[To be submitted in hardcopy/softcopy not later than ONE (1) week after commencement of co-op]

Student Name : _____

Student ID : _____

E-mail : _____

Program :

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Chemical | <input type="checkbox"/> Co-Op 2 |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Petroleum | <input type="checkbox"/> Co-Op 4 |
| <input type="checkbox"/> Electrical & Electronics | <input type="checkbox"/> Communication & Electronics | |
| <input type="checkbox"/> Mechatronics | <input type="checkbox"/> Civil | |

We hereby confirm that the student has been accepted to undergo practical training in our organization from _____ to _____.

Company Name	
Company Full Address (Placement Address)	
Department	
Supervisor Name	
Supervisor Position	
Supervisor Email	
Supervisor Contact	
HR Email & Contact No. (Person Name)	
Student Job Description	1) 2) 3) 4)

(Signature of company representative)

Name:

Date:

Company Stamp: