

CO-OP ENQUIRY FORM

UCSI Education Sdn. Bhd. (185479-U)

Student Name :

UCSI Programme : **Student ID:**

Contact No : **Date** :

PART (A) VERIFICATION LETTER APPLICATION

1. **Course Selection** Yes No
2. **Co-Op Course Code:**
3. **Co-Op Duration:**
- Jan – Feb May – Jun Sept – Oct Other terms _____
- Mar – Apr Jul – Aug Nov – Dec

PART (B) TYPE OF ENQUIRY (Please tick (✓) the box)

1. **Verification Letter**
2. **Insurance Coverage Letter**
3. **Co-op Placement Request**
- a. Local student OR International student
- b. Own transportation Yes No
- c. Residential area _____
- d. Preferred location/company _____
- e. Preferred work setting (e.g.: office setting, lab, manufacturing plant, etc.)

- f. Will consider placement without allowance Yes No
4. **Others** _____

~~DO NOT~~ **Kindly complete this form and return to SAA for further processing** ~~OROROR~~

PART (C) ACTION BY STAFF

Attended By : _____ Date Received : _____

Prepared By : _____ Date Completed : _____

Remarks : _____

PART (D) RECEIVED BY STUDENT

Received By : _____ Date Received : _____