

COOP Student Commencing Notification

Please fill in and send a copy to the following email:

Name	
Training Organization	
Training Program Department	
Address	

To the KSU Co-op Coordinator : Please be informed that the above mentioned student has Started the Co-op program on the following date :

Starting Date	
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The student is supervised by the following Co-op trainer:

NAME	
BRANCH/ DEPARTMENT	
MOBLIE	
OFFICE PHONE	
EMAIL	

Sent by

Name	Position	Signature	Seal