

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 | |
|---------------|--|

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

| | |
|--------------------|--|
| | |
| NAME | |
| BRANCH/ DEPARTMENT | |
| MOBLIE | |
| OFFICE PHONE | |
| EMAIL | |

Sent by

| Name | Position | Signature | Seal |
|------|----------|-----------|------|
| | | | |