

Permission Request Form for Working at the Organizations
outside the University in Fulfillment of the Cooperative Education Program
During the Spread of Coronavirus 2019 (COVID-19)
 King Mongkut's University of Technology North Bangkok

Section 1: For the Student

I am Mr. Ms. Surname
 Student ID number..... A year of study.....
 Department..... Major..... Program.....
 Faculty/College.....
 Address Village No. Road..... Alley.....
 Sub-district District..... Province.....
 Postal Code..... Tel. Email

I would like to request for a permission to do an internship work in fulfillment of the cooperative education program with the organization outside the university.

The organization's name.....
 Address Village No. Road..... Alley.....
 Sub-district District..... Province.....
 Postal Code..... Tel. Email

From the period of..... (DD/MM/YYYY) to (DD/MM/YYYY)

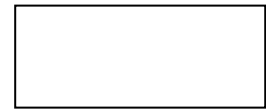
I hereby confirmed that I have been granted permission by my guardian.

- I am able to do an internship work with the organization outside university and I acknowledge the seriousness and the risk of contracting coronavirus 2019 (COVID-19), or other potential harms. Despite of those disadvantages, I still affirm my intention to do an internship or work as a part of fulfilling the cooperative education program during the period of time specified above.
- I accept the risk of contracting COVID-19 disease and will not demand additional damages for the contraction of COVID-10 disease from the university or the university's personnel, besides the supports provided by the university according to the university's announcement on supportive measures for the student and staff during the spread of coronavirus 2019.

Signature

.....
 (.....)

Student



Section 2: For the student's guardian

I am Mr. Mrs. Ms. Surname
Address Village No. Road..... Alley.....
Sub-district District..... Province.....
Postal Code..... Tel. Email

I am a parent or legal guardian of this student who is my.....

(Please specify the student's relationship to you).

- I am informed of the student's intention to do an internship or work as a part of fulfilling the cooperative education program at the organization outside the university.
- I have acknowledged the student's intention to do an internship or work as a part of fulfilling the cooperative education program at the organization outside the university.
- Additionally, I am well aware of the coronavirus 2019 situation and the risk of contracting the disease, or other harms involved. However, I allow the student to do an internship or work as a part of fulfilling the cooperative education program at the organization outside the university.
- I recognize the risk of the student becoming infected by the COVID-19 disease and I will not demand additional damages from the university or the university's staff in the event of the student being infected by the disease, besides the supports provided by the university according to the university's announcement on supportive measures for the student and staff during the spread of coronavirus 2019.

Signature

.....

(.....)

The student's parent or legal guardian

Note: Please submit this form together with a certified true copy of an identification card of the student's parent or legal guardian who fills this form.