## **Co-Op Job Approval Form**

UCSI Education Sdn. Bhd. (185479-U)
Kindly complete sign and submit this Form to the Co-op Coordinator/HoD/HoP BEFORE commencement of Co-Op Term



## STUDENT SECTION (AII

	Student No	Full Name (underline surname)	Programme Enrolled	Year	Co-Op Term (i.e. KP Level
	Telephone No		Email Address		
on	npany Name:		·		
ер	artment		Immediate Supervisor	r:	
elephone No:		Facsimile	Facsimile No:Email:		
ffi	e Address:				
ea	son(s) For Co-op Job S	·	nte/province) (post co	ode, city)	(country)
	dent Declaration				
у	completing and submitting	g this Form, I declare that I have obtained a			
у	completing and submitting	g this Form, I declare that I have obtained amployment. I hereby instruct the Faculty not			
y (	completing and submitting				
y (	completing and submitting				
y (	completing and submitting	employment. I hereby instruct the Faculty not			
y (	completing and submitting ed by myself as proof of e	employment. I hereby instruct the Faculty not	to find me a Co-op Job for the at		erm.
y (	Student	Employment. I hereby instruct the Faculty not	to find me a Co-op Job for the at Signature	oove Co-OpTe	erm.
gn	Student  Check Above student section f	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columbia) completed	Signature  approval)  Ve	oove Co-OpTe	Date
gn 1.	Student  Check Above student section f	Name SECTION (Please obtain Co-op Coordinator a	Signature  approval)  Ve	oove Co-OpTe	Date
gn 1.	Student  Check Above student section f	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columnial completed from Co-op Employer which includes at least to	Signature  approval)  Ve	oove Co-OpTe	Date
gn 1.	Student  Check Above student section f  Letter of Appointment fr	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columnially completed from Co-op Employer which includes at least the clibilities	Signature  approval)  Ve	oove Co-OpTe	Date
gn 1.	Student  Check Above student section f Letter of Appointment fr  duties and respons	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columnially completed from Co-op Employer which includes at least the clibilities	Signature  approval)  Ve	oove Co-OpTe	Date
gn 1.	Student  Student  Check Above student section f Letter of Appointment fr  duties and respons  duration of employr	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columnially completed from Co-op Employer which includes at least the clibilities ment	Signature  approval)  Ve	oove Co-OpTe	Date
y ( gn	Student  Student  Check Above student section f Letter of Appointment fr  duration of employr  working hours	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columnially completed from Co-op Employer which includes at least the dibilities ment	Signature  approval)  Ve	oove Co-OpTe	Date
y (gn	Student  Student  Check Above student section f Letter of Appointment fr  duties and respons duration of employr working hours allowance (if applic name of immediate signature of Co-op	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate column Co-op Employer which includes at least to dibilities ment  able)  work supervisor student indicating acceptance of Job Offer	Signature  approval)  We he following:	oove Co-OpTe	Date
1. 2.	Student  Student  Check Above student section f Letter of Appointment fr  duties and respons duration of employr working hours allowance (if applic name of immediate signature of Co-op	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate columbia completed from Co-op Employer which includes at least the dibilities ment able)  a work supervisor	Signature  approval)  We he following:	oove Co-OpTe	Date
3.	Student  Student  Check Above student section f  Letter of Appointment fr  duties and respons  duration of employr  working hours  allowance (if applic  name of immediate  signature of Co-op  Letter from student star	Name  SECTION (Please obtain Co-op Coordinator a dist For Full Approval (Please initial in appropriate column) completed from Co-op Employer which includes at least to dibilities ment  eable)  e work supervisor student indicating acceptance of Job Offer atting obtained own job (if Letter of Appointment is of Department (HoD) /	Signature  approval)  We he following:	oove Co-OpTe	Date
3.	Student  Student  Check Above student section f Letter of Appointment fr  duties and respons duration of employr working hours allowance (if applic name of immediate signature of Co-op Letter from student stated of Programme (HoP)	Name  SECTION (Please obtain Co-op Coordinator a clist For Full Approval (Please initial in appropriate column) completed from Co-op Employer which includes at least traibilities ment  able)  work supervisor student indicating acceptance of Job Offer atting obtained own job (if Letter of Appointment is	Signature  approval)  We he following:	oove Co-OpTe	Date
3. 3. Co-	Student  Student  Check Above student section f  Letter of Appointment fr  duties and respons  duration of employr  working hours  allowance (if applic  name of immediate  signature of Co-op  Letter from student star  op Coordinator / Head of Programme (HoP)  Granted	Name  SECTION (Please obtain Co-op Coordinator a dist For Full Approval (Please initial in appropriate column) completed from Co-op Employer which includes at least traibilities ment  able)  work supervisor student indicating acceptance of Job Offer atting obtained own job (if Letter of Appointment is Def Department (HoD) / Approval: (Please tick appropriate box)	Signature  approval)  We he following:	oove Co-OpTe	Date
3. 3. Co-	Student  Student  Check Above student section f Letter of Appointment fr  duties and respons  duration of employr  working hours  allowance (if applic  name of immediate  signature of Co-op Letter from student stated of Programme (HoP)	Name  SECTION (Please obtain Co-op Coordinator a dist For Full Approval (Please initial in appropriate column) completed from Co-op Employer which includes at least traibilities ment  able)  work supervisor student indicating acceptance of Job Offer atting obtained own job (if Letter of Appointment is Def Department (HoD) / Approval: (Please tick appropriate box)	Signature  approval)  We he following:	oove Co-OpTe	Date
3. 3. Co-	Student  Student  Check Above student section f  Letter of Appointment fr  duties and respons  duration of employr  working hours  allowance (if applic  name of immediate  signature of Co-op  Letter from student star  op Coordinator / Head of Programme (HoP)  Granted	Name  SECTION (Please obtain Co-op Coordinator a dist For Full Approval (Please initial in appropriate column) completed from Co-op Employer which includes at least traibilities ment  able)  work supervisor student indicating acceptance of Job Offer atting obtained own job (if Letter of Appointment is Def Department (HoD) / Approval: (Please tick appropriate box)	Signature  approval)  We he following:	oove Co-OpTe	Date

Co-op Coordinator / Head of Department (HoD) / Head of Programme (HoP) Approval (Name & Signature)

Date