

(4)  
**COOP Student Commencing Notification**

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

<b>Name</b>	
<b>Training Organization</b>	
<b>Training Program Department</b>	
<b>Address</b>	

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

<b>Starting Date</b>	
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The student is supervised by the following Co-op trainer:

<b>NAME</b>	
<b>BRANCH/ DEPARTMENT</b>	
<b>MOBLIE</b>	
<b>OFFICE PHONE</b>	
<b>EMAIL</b>	

Sent by

<b>Name</b>	<b>Position</b>	<b>Signature</b>	<b>Seal</b>