



Form FIT 3: Training organization and supervisor information

Student should send this form within 7 days after starting the training (Score for this report: 10 points)

1. Training organization

Organization (Company/Institution) .....
Section/Department/Division.....
Address .....
.....Post Code.....

2. Supervisor(s)

2.1) Name ..... Title.....
Phone (office)..... (mobile) ..... Fax.....
E-mail.....
2.2) Name ..... Title.....
Phone (office)..... (mobile) ..... Fax.....
E-mail.....

3. Students under supervision

3.1) Name.....ID.....
Program of study .....
Mobile phone .....Email.....
If there are other students working at the same organization, please provide their names.
3.2) Name.....ID.....
Program of study .....
Mobile phone .....Email.....
3.3) Name.....ID.....
Program of study .....
Mobile phone .....Email.....

4. Training Period Starting Date.....Ending Date.....

Please draw a map of training place for ease of visiting by the evaluation committee. If the place is located outside Bangkok, please indicate the distance in kilometres from Bangkok

Student's signature .....
Supervisor's signature .....
(.....) Date ...../...../.....