



Accommodation Form

Mr./ Ms..... Student ID

Major/Department.....Faculty.....Khon Kaen University

Name of organization.....

Details of accommodation during the internship

Organization address

City.....Country.....

Tel. Fax

Accommodation address.....

Internship mentor.....

Position.....

Tel.....Mobile.....

Email.....Facebook.....Line.....

Emergency contact person.....

Position Relationship with student.....

Organization address.....

Tel..... Fax..... E-mail.....

(Signature) _____ (Student)

(_____)

Date _____