



BACHELOR OF
ECONOMICS
THAMMASAT UNIVERSITY

INTERNSHIP PROGRAM

Semester.....Academic Year.....

Name Mr./ Ms.....Surname.....

Student ID.....3rd / 4th year student (please circle)

Workplace.....

.



**BACHELOR OF
ECONOMICS**
THAMMASAT UNIVERSITY

Photo

Trainee Information

Name (Mr./Ms.) _____ Surname _____

Student ID _____

Date of Birth (dd/mm/yyyy) _____ / _____ / _____

Mobile Number _____ E-mail: _____

Major at the Bachelor of Economics International Program

Minor at the Bachelor of Economics International Program

Cumulative GPA _____

You are 3rd / 4th year student (please circle)

Advisor _____

Current Address _____

Contact Person in a case of emergency

Name _____ Surname _____

Relationship _____

Home Phone _____ Mobile Phone _____

Company Name _____

Address _____

Training Position _____ **Department** _____

Supervisor Name and Position _____

Phone number _____

Training Period covers from _____ **to** _____ **(dd/ mm/ yy)**

Time Sheet

Week	Date	Job Description	Start Time	Break	End Time	Total Hours	Supervisor's signature
Week 1	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
				Total Hours Worked:			
Week 2	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
				Total Hours Worked:			
Week 3	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
				Total Hours Worked:			
Week 4	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
				Total Hours Worked:			

Time Sheet

Week		Date	Job Description	Start Time	Break	End Time	Total Hours	Supervisor's signature
Week 5	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 6	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 7	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 8	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				

Time Sheet

Week		Date	Job Description	Start Time	Break	End Time	Total Hours	Supervisor's signature
Week 9	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 10	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 11	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 12	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				

Time Sheet

Week		Date	Job Description	Start Time	Break	End Time	Total Hours	Supervisor's signature
Week 13	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 14	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 15	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				
Week 16	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				

Time Sheet

Week		Date	Job Description	Start Time	Break	End Time	Total Hours	Supervisor's signature
Week 17	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
				Total Hours Worked:				

Internship supervisor's signature.....

(.....)

Position.....

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	Working Day	Absent	Late
Total			

Trainee Evaluation Form

Your feedback will assist us to evaluate the student's performance on the internship program. Using the rating scale below, please put a cross (X) in the appropriate box of the following qualifications that you think this student has achieved.

5: Excellent 4: Good 3: Average 2: Below Average 1: Absolutely Low

Qualification	5	4	3	2	1	Unable to judge	Other comments
1. Personality and Social Attitude							
• Appropriate Outfit							
• Self Confidence							
• Politeness							
• EQ							
• Interpersonal Skill							
2. Work Attitude							
• Punctuality							
• Enthusiasm and willingness to help							
• Efficiency and thoroughness							
• Prioritization							
• Cooperation and Team Work							
• Reliability and trustworthiness							
3. Professional Skills							
• Learning skill							
• Computer skill							
• Writing Skill (Thai)							
• Writing Skill (English)							
• Presentation Skill (Thai)							
• Presentation Skill (English)							
• Analytical Skill							
• Creativity							
• General Knowledge							
• Economic Knowledge							
• Ability to solve problems							
• Ability to express opinion							
Overall assessments							

Overall satisfaction about the trainee and comments (Note: If the student receives the overall evaluation below 3, your comment is required)

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Suggestions to the BE internship program.....

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Internship supervisor's signature.....

(.....)

Position.....

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