



Student Internship Application Form
Aviation Personnel Development Institute

To Advisor and APDI Director:

First name Last name
Student's first name Last name
Student ID number Address

Telephone number E-mail
Total Cumulative Credits credits. (1st Year - Present) GPAX.

Internship Organization's Name

Address Floor Building Soi
Street Sub-district (Tombon)
District (Ampur) Province Postal Code
Telephone E-mail

Name of Internship Coordinator:

First Name Last name
Position Telephone Extension
E-mail
Internship Period from to

Total hours: 1 semester.

Required Documents:

- | | |
|--|---|
| ☐ 1. A Copy of Student Identification Card. | ☐ 6. A Copy of Guardian's Identification Card. |
| ☐ 2. A Copy Identification Card/Passport | ☐ 7. Kasem Bundit University Student Internship Contractual Agreement. |
| ☐ 3. A Copy of House Registration. | ☐ 8. Five Photos of Intern (1 inch.) |
| ☐ 4. Transcript Semester /..... | ☐ 9. TOEIC Score..... |
| ☐ 5. Internship Consent Letter from Guardian. | |

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(Mr./Ms.....)
Student's Name

Advisor's comment	Director's Comments
.....	☐ Approved
.....	☐ Unapproved
.....	
(.....) Advisor/...../.....	(Dr. Meta Ketkaew) APDI Director/...../.....