

Cooperative Education Work Assignment Approval Form

Students who find their own co-op or change co-op employers are required to provide the following information for approval of cooperative education position prior to accepting the job.

Student Name: _____

ID Number: _____

Work Term : **Spring** **Summer** **Fall** **Year:** _____

Student Signature: _____

Company Name: _____

Address: _____

City **State** **ZIP Code**

Contact Name: _____

Title: _____

Work Phone **Cell Phone** **Fax**

Email Address: _____

Co-op Job Title: _____

Hours per week: _____ **Rate of Pay:** _____

Brief Job Description: _____

Reason for leaving current co-op (if applicable): _____

Employer Signature _____

Approved **Not Approved**

Co-op Advisor Signature **Date**