



ABOUT YOU

Name: _____ Major: _____

Address: _____

Dorm Student? YES NO Halcyon Hall Morrison Hall Room # _____

Student ID#: _____ Citizenship: _____ Visa Type: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

YOUR COURSE

Have you successfully completed COOP 210, "Introduction to Career Planning"? YES NO *(If "No", see COOP Director)*

Select which course you are taking: COOP 351 (P/T = 15-20 hrs) Fall 20__
 COOP 360 (F/T = 30-40 hrs) Spring 20__
 Summer 20__

Class load this semester: _____ hours Class standing: FR SO JR SR

Major 1: _____ Major 2: _____

Minor: _____ Emphasis: _____

YOUR ADVISOR

Name _____ Department _____

YOUR JOB

Company/Organization _____

Address _____
Number Street City State Zip

Job Title: _____ Work Phone _____ Ext. _____

Job Description: _____

Supervisor: _____ Phone: _____

Date employment begins: _____ Hours per week: _____ Salary/Hourly Wage*: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I will complete and return all COOP forms by the due date. I recognize my responsibility to fulfill all the conditions of my employment, including the work schedule established by my employer. Should I decide to pursue other employment, I will do so only after consulting with my advisor and the COOP Department.

Student Signature/Date

I approve of this student's position as a valid COOP Experience with adequate weekly hours.

Advisor Signature/Date

COOP Director Signature/Date