



# CO-OP STUDENT AGREEMENT/ JOB APPROVAL FORM

## Enrollment and Personal Information

Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

SS#    XXX-XX-    Co-op Semester \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Major or minor (to be used for Co-op) \_\_\_\_\_

I wish to be enrolled for \_\_\_\_\_ credits (1, 2, 3, or 6) of CEP 300/600 during the term indicated. I understand that the table below dictates how many credits I may earn, based on the number of hours I will be working between my enrollment and the end of the term.

Academic Credit Hours	Hours Worked Per Week	Total Hours Worker Per Semester
1	8	120
2	15	225
3	20	300
6	37.5 or more	560 or more

**Staff use only:**  
SAP: \_\_\_\_\_  
Eligible: \_\_\_\_\_

Year in School (Please Circle): Sophomore    Junior    Senior    Graduate Student    Expected Graduation \_\_\_\_\_

## Employment Information    Place of Employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Student's Job Title \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Supervisor's e-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Number of Hours Employed per Week \_\_\_\_\_ Salary Information (Required) \_\_\_\_\_

(Confidential - to be used only by Career Services)

How the position was found: \_\_\_\_\_ Career Services \_\_\_\_\_ Found on Own \_\_\_\_\_ Current Position \_\_\_\_\_ Faculty \_\_\_\_\_

## Co-op Agreement

I have read the Cooperative Education Handbook and agree to adhere to the established guidelines, including but not limited to:

1. I have a grade point average of at least 2.20 on a 4.00 scale and have completed at least 30 credit hours of academic study; I will be receiving compensation for working in the co-op position.
2. After submitting this form and the Learning Objectives form, I will be registered for the appropriate section for one, two, three, or six academic credits, as indicated above. Graduate students will register under CEP 600.
3. An accurate and updated job description is attached to this form and I have provided a copy to my Faculty Coordinator.
4. I will perform to the best of my ability in the work experience – this includes reporting to the assigned site on time each day scheduled. In case of illness, I will inform my work site supervisor prior to the start time of the day of the absence.
5. I will complete all academic assignments (Weekly Logs, Final Paper, and other assignments as deemed necessary by the Faculty Coordinator) by the dates given in the Co-op Syllabus, or as indicated by the Faculty Coordinator.
6. If for some reason I am unable to complete the expected hours at my co-op job, I will contact my Faculty Coordinator and the Career Development Center within 48 hours.
7. If for some reason I need to receive an "I" for the semester, I will pre-arrange this with the Faculty Coordinator prior to the date when assignments are due. Failure to notify the faculty coordinator will result in a failing grade. Students receiving an "Incomplete" for the semester **will not** be able to register for another session of Co-op until the "I"/Incomplete is removed.

I understand that failing to abide by the contents of the Co-op Student Handbook could result in the Cooperative Education Program extending or altering my requirements for completion of the academic credit. **I am requesting to be enrolled for CEP 300/600 academic credit, as described in the Personal Information section above, and I will fulfill all related obligations to the University.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_