

This form is to be completed to confirm enrollment in the ECE Cooperative Education program and confirm employment with an approved company. Please return this form to your academic advisor along with a copy of your offer letter from the company.

Student Information

Name _____

Last

First

MI

Andrew ID _____ Class _____

Anticipated Graduation Date (after you return from co-op) _____

Employer Information

Company Name _____

Co-op Supervisor _____

Job Title _____

Company Address _____

Phone Number _____ Fax Number _____

E-mail _____ Home Page _____

Co-Op Position Information

Note that compensation data is kept confidential and used in aggregate data form only for statistical purposes.

Co-Op Position Title _____

Co-Op Start Date _____ Co-Op End Date _____

Salary _____

Position Description (attach additional page if needed)

Signatures

Student _____ Date _____

Supervisor _____ Date _____