



# Drexel University

## Steinbright Career Development Center

### Student Co-op Agreement and Registration

Student Name (Print): \_\_\_\_\_

Drexel I.D. Number: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM BY: \_\_\_\_\_**  
*For Independent Co-op Job Searches* **DATE**

\_\_\_ Job Description      \_\_\_ Job Offer Letter      \_\_\_ Signed Employer Agreement Form (if new employer)

Completion and submission of this agreement to the Steinbright Career Development Center prior to beginning co-operative education employment is required to officially notify the Student Resource Center (SRC) that you are a registered student in co-op employment as well as record the co-operative education experience on your official transcript for graduation requirements. If this form is not submitted by the due date, you are required to sign and submit a Petition for Co-op Credit. **Any paperwork not submitted by the due date above will result in failure for the co-op term(s).**

I have accepted a co-op position with the following employer for the specific time period indicated in this agreement. I understand the conditions of employment including the location of the work, method of transportation, daily travel time, the nature of the environment, physical conditions, required work hours, rate of compensation, seasonal aspects and opportunity for advancement, and agree to be bound thereby.

The co-op period is for \_\_\_\_\_ academic term(s) beginning:           Fall         Winter         Spring         Summer  
(Circle One) (Year)

\_\_\_\_\_  
 (Company Name)

\_\_\_\_\_  
 (Position Title)

\_\_\_\_\_  
 (Contact Name and Title)

\_\_\_\_\_  
 (Gross Weekly Salary / Stipend Amount / Paid Expenses) \*

\_\_\_\_\_  
 (Employer Street Address)

**Indicate the source of this co-op experience (please check one):**

\_\_\_ Return to Former Co-op Job      \_\_\_ Coordinator Referral

\_\_\_ Drexel.SCDCOnline      \_\_\_ Independent Job Search

\_\_\_\_\_  
 (City, State, Zip / Country)

\_\_\_\_\_  
 (Contact E-mail) \*

\_\_\_\_\_  
 (Contact Telephone)      (Contact Fax)

*I understand and agree to abide by the rules and regulations stated in the STUDENT CO-OP AGREEMENT. I will notify my coordinator immediately of any significant change in my employment status or work environment, which would have a direct effect on my performance as a participant in the Co-operative Education Program. I understand that should I be discharged by a co-operative education employer or should I leave a co-operative education employer without the prior consent of the Steinbright Career Development Center, my coordinator will review the circumstances for appropriate action. This may include co-operative education probation, a failed work term, or possible suspension from the University and loss of co-op credit.*

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

\_\_\_\_\_  
 Street Address (while on co-op)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 City, State, Zip / Country

\_\_\_\_\_  
 Student's Coordinator

\_\_\_\_\_  
 Telephone

**For SCDC Office Use Only:**

*Independent Search*

Job Number: \_\_\_\_\_

Coordinator Initials: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_