MISSOURI S&T University of Science & Technology

Career Opportunities and Employer Relations
Co-op Job Acceptance Form

Student Information

_____ _____ _____
First Name **Last Name** **Student #** **Grad Date**

_____ _____ _____ _____
Email Address **Phone Number** **Major** **GPA**

Class Level: ☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **Grad Student**

Degree: ☐ **B.S.** ☐ **M.S.** ☐ **Ph.D.**

Co-op Term: ☐ **Spring**_____ **Term** ☐ **Summer**_____ **Term** ☐ **Fall**_____ **Term**

Gender: ☐ **Male** ☐ **Female**

Citizenship: ☐ **U.S. Citizen** ☐ **Perm.Resident** ☐ **Student Visa**

A co-op fee equivalent to the educational fee of 1 in-state credit hour (regardless of residency) will be billed to you at a later date. If the co-op session is for credit, the university fee rate for in-state/out-of – state tuition will apply. You are required to pay this fee for EACH semester you are registering for: spring, summer and fall.

Employer Information

Co-op Employer: _____ **Phone:** _____

Employer Address: _____
City, State, Zip

Employer Representative: _____ **Email:** _____

Monthly Salary: _____ **Travel Stipend:** _____

Housing Stipend: _____ **Bonus:** _____

Start Date: _____ **End Date:** _____

Have you co-op'ed with this company before: ☐ Yes ☐ No **(If yes, when?):** _____

Did you participate in the co-op program with another company: ☐ Yes ☐ No

How did you learn about this co-op opportunity? _____

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