

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 _____