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Cooperative Education Placement Sheet

Funding Source: (Select One)		WORK-STUDY		UNIVERSITY, GRANT FUNDED
Year of Graduation		Major		
Semester (Select One)	FALL	SPRING	SUMMER 1	SUMMER 2

STUDENT INFORMATION

STUDENT'S NAME	NUID #		
STREET ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL ADDRESS		
Student's Co-op Advisor:	Email:	Ext:	

POSITION INFORMATION

POSITION TITLE				
DEPARTMENT	START DATE	END DATE		
ACCOUNT CODE (LEAVE BLANK IF WORK-STUDY FUNDED)	ADDRESS			
PAYRATE	MAX. HOURS	CITY	STATE	ZIP CODE
PRIMARY TIMESHEET SUPERVISOR	SECONDARY TIMESHEET SUPERVISOR (REQUIRED)			
PHONE NUMBER	PHONE NUMBER			
REPLACEMENT FOR:	C-II	C-III	C-IV	C-V

SIGNATURES

I, the student, hereby acknowledge that the above information is correct. I agree to be held responsible for my participation in this co-op position. I agree to submit my timesheets on a weekly basis, according to the deadlines set forth by the Student Employment Office. I understand that I do not get compensated for any hours not worked, including sick time, jury duty and/or vacation. I will be sure to adhere to the maximum hours allotted per week and will not work over that amount.

Student Signature		Date	
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I, the co-op coordinator, hereby acknowledge that the above information is correct. I have completed the entirety of this form to the best of my ability. Any changes to this information will be submitted in writing through a new co-op placement form. I will be sure to communicate the maximum hours with the department supervisor and remind the student that they must stay within the hourly maximum and that there is no compensation for hours not worked, including, but not limited to, sick time, jury duty and/or vacation.

Co-op Coordinator's Signature		Date		Ext.	
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FOR STUDENT EMPLOYMENT OFFICE USE

I-9		D-D		RCVD BY		Date	
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