



Cooperative Education Placement Sheet

Funding Source: <i>(Select One)</i>	WORK-STUDY	UNIVERSITY, GRANT FUNDED
Year of Graduation	Major	
Semester <i>(Select One)</i>	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 <i>(LEAVE BLANK IF WORK-STUDY FUNDED)</i>	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
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.	

FOR STUDENT EMPLOYMENT OFFICE USE

I-9	D-D	RCVD BY	Date
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