

**A.U.K.**  
**Rochester Institute of Technology**  
**Co-operative Education**  
**Work Experience Registration Form**

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## Student

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Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Concentrations: \_\_\_\_\_ Co-op Quarter: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## Employer

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Organization/Company: \_\_\_\_\_

Student Job Title: \_\_\_\_\_ Working Department: \_\_\_\_\_

Company Information: Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Web Page: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

Pay(Euro/hour): \_\_\_\_\_ Hours/week: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

How did you hear about this Co-Op:  Co-Op and Career Services

Family/Friends

Newspaper

Networking

Other (specify): \_\_\_\_\_

### **PLEASE ATTACH A DETAILED JOB DESCRIPTION**

Is this Co-op your current employment:  Yes  No

Is this Co-op your first Co-op:  Yes  No  Other (specify): \_\_\_\_\_

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**You must complete this form and submit it to Co-op & Career Services Office at least one week before starting the Co-op. Please print clearly. Submit this form immediately to the AUK Co-op & Career Services. All Co-ops must be approved by the Coordinator of Co-op and Career Services. A notification of approval or disapproval will be sent by e-mail within a week.**

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Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Coordinator of Co-Op Signature: \_\_\_\_\_