

**Co-operative Education
Work Experience Registration Form**

Student

Full Name: _____ Student ID: _____ Current Year Level: _____

Concentrations: _____ Co-op Quarter: _____

Phone: _____ E-mail: _____

Employer

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): _____

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.

Date: _____ Student Signature: _____ Coordinator of Co-Op Signature: _____