## Co-operative Education

### Work Experience Registration Form

**Student**

- Full Name: ____________________________  
- Student ID: ______________  
- Current Year Level: ____________  
- Concentrations: ____________________________  
- Co-op Quarter: ____________________________  
- Phone: ____________________________  
- E-mail: ____________________________  
- 1st Co-op [ ]  
- 2nd Co-op [ ]

**Employer**

- Organization/Company: ____________________________  
- PLEASE ATTACH A DETAILED JOB DESCRIPTION
- 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  
- [ ] Networking  
- [ ] Other (specify) ____________________________

**This Co-op is completed at a(n):**

- [ ] Family Business  
- [ ] Public Institution  
- [ ] Private Company  
- [ ] International Entities  
- [ ] Other (specify) ____________________________

**Co-op matches ____________________________ concentration(s)**

- Your 1st concentration (specify) ____________________________  
- Your 2nd concentration ____________________________
- Other concentration (specify): ____________________________  
- Declared concentrations [ ]  
- Not declared [ ]

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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. 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:** ______________  
**Co-Op Coordinator Signature:** ______________