

## Intent to Co-op Form for Existing Co-op Students

Please complete all fields below to receive credit for co-op.

### Student Information:

Student Name \_\_\_\_\_ M# \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_

### Employer Information:

Organization Name \_\_\_\_\_  
Work Supervisor Name \_\_\_\_\_  
Work Supervisor Title \_\_\_\_\_  
Work Supervisor Phone \_\_\_\_\_  
Work Supervisor Email \_\_\_\_\_

### Co-op Position Information:

Co-op Position Title \_\_\_\_\_  
Term(s)/Semester(s) with Employer \_\_\_\_\_  
Are you registered for co-op credit this semester?       Yes    No  
**If yes**, course name/number \_\_\_\_\_  
Type of co-op position       Alternating    Parallel  
Hourly Wage \_\_\_\_\_  
# hours per week \_\_\_\_\_  
Anticipated number of weeks \_\_\_\_\_