

CO-OP STATEMENT OF UNDERSTANDING

STUDENT NAME: _____ STUDENT ID: _____

PHONE NUMBER: _____ EMAIL: _____

SEMESTER: FALL SPRING SUMMER YEAR

✓ Check boxes below for acknowledgement of conditions:

I understand that the participation in the co-op program requires at least part-time employment in a company conducting engineering related tasks. It is also understood that no more than 3 semester credit hours of Engineering Co-op may apply to a bachelor's degree.

I understand that EGR 3303 is the only course I may enroll in during the co-op semester.

I agree to attach a signed job description on company letterhead from my employer.

I understand my co-op experience will count as one (3) hour technical elective.

I agree to release any and all academic and personnel records to facilitate placement and proper administration of the Cooperative Education Program in Engineering.

The co-op instructor will review my final report and issue a final grade of credit/no-credit.

Your signature on this document confirms your acceptance of these conditions for participation in the EGR 3303 Engineering Co-op.

Student Signature Date

Undergraduate Advisor's Signature Date

Faculty Advisor's Signature Date

Department Assigned CRN #

Department Chair's Signature Date

Assoc. Dean of UG Programs Signature Date

Co-op Placement Information

Company Name: _____

Company contact: _____

Address: _____

City/State/Zip: _____

Position Title: _____

Start Date: _____ End Date: _____

Hr/Wk: _____ Pay per Hour: \$ _____

How did you find this opportunity? _____
