

## EGR 3303 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

\_\_\_\_\_  
Academic Advisor's Signature                      Date

\_\_\_\_\_  
Assigned Co-op Faculty Signature                      Date

\_\_\_\_\_  
Department Assigned CRN #

\_\_\_\_\_  
Department Chair's Signature                      Date

\_\_\_\_\_  
Assoc. Dean of UG Programs Signature                      Date

<u>Co-op Placement Information</u>	
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?	_____
	_____