

Statement of Understanding

(1) I understand and agree that upon accepting a Co-op position I will complete my work assignments in full insofar as I am able. In case of extenuating circumstances, I will notify the Co-op Office and my employer in a timely manner of any necessary alteration in my work or school schedule.

(2) I agree that if I am referred to a company by the Co-op Office and am subsequently hired, I will register for the appropriate class offering prior to beginning a work period and pay the University Co-op course registration fee each semester and summer period that I am employed at that company. I also understand that payment of my Co-op course fees will maintain my student status and that failure to pay those fees on time will result in the university late penalty being assessed. Additionally, I agree to report to the Co-op Office for a post-work interview with a coordinator within 30 days of returning to campus after each work assignment. The co-op course is S/U graded. All co-op requirements including the student's evaluation of employer and work experience report must be turned in to the co-op coordinator at the times designated on the co-op calendar.

(3) I hereby authorize, pursuant to Section 438(b) 4(B) of the Family Education Rights and Privacy Act of 1974, the Co-op Office to obtain and to release on my behalf to actual and prospective employers such information contained in my academic records as is necessary to aid such employers in assessing my potential and eligibility for Co-op positions. I understand that it is the normal policy of the Co-op Office to furnish grades of participating students each semester to their coop employers. I grant permission to the Cooperative Education Program to furnish copies of my reports and job performance evaluations to faculty in my major department, and make copies of my work reports available to students who are considering applying for co-op positions.

(4) In order to give students with visual, learning, motor or other handicaps or learning disabilities special assistance, the Co-op Program must be cognizant of these needs. Although students are not required to reveal handicaps, such information will be maintained in confidence and will be used only to assist the staff in planning and advising. Therefore, the program requests that the Coordinator be advised of any necessary assistance needed by you.

(Applicant's Signature) _____
(Date)

(For Counselor Use Only)

University GPA _____ Transfer GPA _____ Transfer Hrs _____ Total Hrs _____

Semester Available _____ Location Flexibility _____

Completed with a grade of "C" or above: MA 125 _____ and MA 126 _____

Current Courses _____

Other Notes _____

Co-op Coordinator Accepted into the Program _____ Yes _____ No