



SELF-GENERATED COOPERATIVE EDUCATION EXPERIENCE

If you already have a job that can be used for the CO-OP work experience, please complete this form. You must provide a **copy of your job description on company letterhead**, with your **supervisor's business card attached**. If you have been at your job for some time, the job description should include a new set of responsibilities to be completed while you are participating in CO-OP, because Cooperative Education is based on new learning experiences. Please return your paperwork to the One Stop Center as soon as possible.

STUDENT NAME: _____ ID# _____

ADDRESS: _____

PHONE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE #: _____

JOB TITLE: _____

SUPERVISOR: _____

DATE SUBMITTED TO THE OFFICE: _____

COOPERATIVE EDUCATION ADVISOR: _____