JOB CERTIFICATION

Complete this form and return it to the Office of Career Services and Cooperative Education, Wallace Hall 207.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Phone: _____

Job Title: _____ Major: _____

Employer: _____

Employer Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

☐ Supervisor: _____ Phone: _____

☐ Dept Head: _____ Phone: _____

*Indicate by checking which supervisor should be contacted by the Career Services/Co-op Office.

New Learning must be achieved during the certified semester. List outline of new learning:

_____

Have you discussed the new learning and the Co-op Program with your supervisor? ◯ YES ◯ NO

Semester for which you want your job certified: _____ Salary: _____ Hours per week: _____

How long have you been in this position? _____

School Year: _____

How long have you been with this employer? _____

TO BE COMPLETED BY THE CAREER SERVICES/CO-OP OFFICE

Date Employer Contacted: _____

_____ Visit

_____ Telephone

Job Certification: [ ] Approved

[ ] Disapproved

ADDITIONAL COMMENTS:

_____

_____

_____

_____ Date

_____ Career Services/Co-op Director

R: 2/05

Print Form

Submit by Email