

JOB CERTIFICATION

Complete this form and return it to the Office of Career Services, Wallace Hall 108.

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 Office of Career Services.

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:

School Year: How long have you been in this position?

How long have you been with this employer?

TO BE COMPLETED BY THE OFFICE OF CAREER SERVICES

Date Employer Contacted: _____
_____ Visit
_____ Telephone

Job Certification: [] Approved
[] Disapproved

ADDITIONAL COMMENTS:

_____ Date

_____ Director, Office of Career Services