

# INTERNSHIP & COOPERATIVE AGREEMENT

INTERNSHIP/CO-OP INFORMATION

\*DOMESTIC STUDENTS\*

STUDENT INFORMATION

Student Name:

Phone Number:

E-mail Address:

Degree/Major:

Student I.D. #: @ \_\_\_\_\_

EMPLOYER INFORMATION (to be completed by employer)

Company:

Industry

Address:

Supervisor Name:

Title:

Phone:

E-mail:

Student's Position/Title:

Anticipated Start Date:

Anticipated End Date: \_\_\_\_\_ Hours Per Week:

Pay Rate:

**\*\*EMPLOYER: Please provide student with a detailed job description as they are required to submit a copy to CDC.\*\***

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FOR CDC OFFICE USE ONLY:

Work Dates