



Steinbright Career Development Center Student Co-op Registration Agreement

Student Name (Print): _____

Drexel I.D. Number: _____

Student Email: _____

Co-op Advisor: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM

Position found through Steinbright systems: Job Offer Letter

Position found independently: Job Offer Letter Job Description Signed Employer Agreement Form

Completion and submission of this agreement to the Steinbright Career Development Center prior to beginning cooperative education employment is required in order to officially notify the University that you are a registered student in co-op employment as well as record the cooperative education experience on your official transcript for graduation requirements. This form must be completed in its entirety.

I have accepted a co-op position with the following employer for the specific time period indicated in this agreement. I understand the conditions of employment including the location of work, method of transportation, daily travel time, the nature of the environment, physical conditions, required work hours, rate of compensation, seasonal aspects, and opportunity for advancement and agree to be bound thereby.

The co-op position is for 1 or 2 academic term(s): Fall Winter Spring Summer Year(s) _____

Please check the appropriate co-op program: Undergraduate co-op Graduate co-op

Company Name

Position Title

Supervisor Name and Title

Hourly Rate

Hours/Week

Employer Street Address

Stipend Amount / Other Compensation

City, State, Zip / Country

Indicate the source of this co-op experience:

Contact Email

Return to former co-op job

Advisor referral

Contact Telephone

Independent job search

Steinbright systems

I will update/have updated my current address in DrexelOne if I move for this co-op position

I understand and agree to abide by all Drexel and Steinbright policies and procedures. I will notify my advisor **immediately** of any significant change in my employment status or work environment (i.e., questions of wages/hours; termination, layoff, or resignation; etc.). I understand that failure to inform my advisor of such changes will result in a review of the circumstances for appropriate action which may include probation, a failed work term, or possible suspension from the University, or loss of co-op credit.

Dates of Employment

Student Signature/Date