



Steinbright Career Development Center Student Co-op Registration Agreement

Completion and submission of this agreement to the Steinbright Career Development Center prior to beginning cooperative education employment is required 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.

Student Name (Print): _____

Drexel ID Number: _____

Student Email: _____

Co-op Advisor: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM

If position was found through Steinbright systems: Job Offer Letter

If position was found independently: Job Offer Letter Job Description Signed Employer Agreement Form

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

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

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

Work Location – Please check one: In Person Remote Hybrid (both in person and remote)

Hybrid work is any combination of remote work and required in-person work. This may include events/conferences or normally scheduled office days.

Company Name _____

Position Title _____

Supervisor Name and Title _____

Hourly Rate _____ Hours/Week _____

Employer Street Address City, State, Zip, Country

Stipend Amount / Other Compensation _____

Indicate the source of this co-op experience below:

Return to former co-op Advisor referral

Independent job search Steinbright systems

Contact Email _____

Contact Telephone _____

I will update/have my current address updated 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.

Start Date of Employment _____

End Date of Employment _____

Student Signature/Date _____