

Cooperative Education Program  
**STUDENT AGREEMENT FORM**

**STUDENT INFORMATION**

\_\_\_\_\_  
Student's Name (PRINTED)

\_\_\_\_\_  
Empl ID Number (9-digit)

\_\_\_\_\_  
Student's Co-op Address, City, State, Zip Code

\_\_\_\_\_  
Co-op Telephone/Cell Number

\_\_\_\_\_  
Cal Poly Email Address

\_\_\_\_\_  
Co-op Faculty Advisor

\_\_\_\_\_  
Major

**EMPLOYER INFORMATION**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address, City, State, Zip Code

\_\_\_\_\_  
Co-op Contact/Supervisor

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Contact Email Address

Notes: \_\_\_\_\_

Quarters Placed: SUMMER\_\_\_\_\_ FALL\_\_\_\_\_ WINTER\_\_\_\_\_ SPRING\_\_\_\_\_

International Student (circle one): Yes No If yes, must be approved by International Programs Office.

**The information below is to be completed by your Academic Department or Co-op Faculty Advisor.**

Is the student on Academic/Administrative Probation? (Circle One) Yes No

Registration Information:

Quarter/Year	Course Numbers	Class Numbers	Units
_____	_____	_____	_____
_____	_____	_____	_____

I have accepted a Co-op position authorized by my Academic Department and Career Services. As a Co-op student, I understand that I am responsible to register for the Co-op courses above and pay the appropriate registration for each quarter while on Co-op assignment, as specified by my Academic Department.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Co-op Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

Copies to: Dept. / Co-op Educ. @ Career Services / Student