

COOP TRAINING ABROAD

This form shall be completed by the trainee, signed by the trainee and the training supervisor and returned to the Co-op coordinator.

STUDENT'S INFORMATION			
Student's Name		ID #	
College		Department/Major	
Credits Earned		Cumulative GPA	
Phone		E-mail address	
training period			

TRAINING COMPANY/INSTITUTION			
Name			
Location			
Training Supervisor		Signature	
Job Title		Email	
Phone		Fax	

TRAINEE'S BENEFITS								
Ticket	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Student	<input type="checkbox"/>	RHU	<input type="checkbox"/>	Other (explain)
Insurance	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Student	<input type="checkbox"/>	RHU	<input type="checkbox"/>	Other (explain)
Monthly Salary	<input type="checkbox"/>	Provided (\$)	<input type="checkbox"/>	Not Provided		
Housing	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Student	<input type="checkbox"/>	RHU	<input type="checkbox"/>	Other (explain)
Transportation	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Student	<input type="checkbox"/>	RHU	<input type="checkbox"/>	Other (explain)
Other Benefits								

Signature		Date	
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