

CO-OP TRAINING OFFER FORM

This form is to be completed by the Co-op training coordinator in coordination with the student's academic unit.

Student's Name		ID #	
College		Department/Major	
Credits Earned		Cumulative GPA	
Phone		E-mail address	
Assigned Training Venue:			
Brief Description of the Training Job:			
Academic Advisor:			
Work Supervisor Information			
Name			Title
Phone		Fax	email
Trainee Benefit			
Salary	<input type="checkbox"/> Provided (US\$)		<input type="checkbox"/> Not Provided
Housing	<input type="checkbox"/> Provided		<input type="checkbox"/> Not Provided
Other Benefits	<input type="checkbox"/> Provided		<input type="checkbox"/> Not Provided
Training Starting Date		Training Ending Date	
Signature			Date

Cc: Co-op Office
Academic Advisor
Student's file.