

## COOPERATIVE EDUCATION INFO AND WORKING PLAN

**Semester:** \_\_\_\_\_

Student name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Specialization: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Day of week	From	To	# of hours per week
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total			

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Co-op Student Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Co-op Sponsor Date