Cooperative Work Experience
Student Request Form

Date of request: _____

Supervisor:_____ Agency: _____

Phone: _____ Address: _____

_____

_____

Contact Person: _____

Student Position Title:_____

Time Commitment Needed:

Days/Week: _____

Time of Day:_____

Total Hours Per Week:_____

Job Description:

Duties, responsibilities, projects, assignments, tasks, equipment or machine operation expectations:

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Qualifications and/or course requirements, required skills, expectations, dress code:

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_____

Salary or hourly wage (if applicable):_____

Application Procedure (check those that apply): Resume____ Application_____ Interview____