Grand Valley State University
Co-op Confirmation

A student must submit this completed form with all of the required signatures to Career Services, 206 Student Services Building. Department approval is required prior to enrollment for co-op credit.

To be completed by STUDENT Date _____

Student Name _____ Student Number ___ ___ ___-___ ___-___ ___ ___ ___

Local Address _____
Address City State Zip Code

Local Student Phone Number _____ Co-op sequence # ____EGR 290 ___EGR 390 ___EGR 490

Date co-op begins _____Ends _____Co-op semester ___Spring/Summer ___Winter ___Fall

Co-op Employer _____

Co-op Address _____
Address City State Zip Code

Employer/Supervisor _____ Title _____

Supervisor's Phone Number _____ Supervisor's E-Mail _____

To be completed by STUDENT AND EMPLOYER/SUPERVISOR

I agree to participate in the co-op program for the semester indicated above.

Employer's/Supervisor's signature _____ Date _____

Student's signature _____ Date _____

To be completed by **GVSU** DIRECTOR OF ENGINEERING

I approve the co-op and will assign the necessary faculty time to direct the work:

Approval _____ Date _____

Career Services will distribute all copies of this form. Please do not separate the individual pages.

Copies: White-Academic Department; Green-Career Services; Yellow-Faculty Coordinator; Pink-Employer/Supervisor; Goldenrod-Student