

Cooperative Agreement pertaining to Curricular Practical Training for an F-1 International Student

ATTENTION: Student: please submit this form to your prospective employer and be sure it is returned to Kate Stoetzner at stoetznk@gvsu.edu. This form may be completed by your supervisor or by someone in the Human Resources Office at your employer.

This document serves as a cooperative agreement between Grand Valley State University and	
	for the purpose of a Curricular Practica
Name of Company/Organization	· ·
Training experience for:	Name of Student
1	Name of Student
The onsite work address is:	
A brief description of the work:	
The supervisor is:	
The supervisor may be reached	
By phone at: By email at:	
(If the experience is expected to be longer than one set	mester, a new form must be completed for each semester)
How many hours per week will the stude	ent work?
, , ,	aining for the above named student in order to cooperate with that the student has the experiences necessary to fulfill the university.
Name and Title	 Signature