



CLARKSON UNIVERSITY  
Cooperative Education Program  
Work Agreement Form

Name \_\_\_\_\_ CU Box # \_\_\_\_\_

Student # \_\_\_\_\_ Major \_\_\_\_\_ Grad Yr. \_\_\_\_\_

Citizenship(Check One):     U.S. Citizen         Permanent Resident         Student Visa

Personal E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Wage \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_

Supervisor's Email Address \_\_\_\_\_

*I agree to accept an offer extended by the company cited above.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*This student has informed me of their plan to participate in the Cooperative Education Program.*

\_\_\_\_\_  
*Academic Advisor (Please Print)*

\_\_\_\_\_  
*Signature & date*

\_\_\_\_\_  
*Student Administrative Services Representative*

\_\_\_\_\_  
*Signature & date*

**Co-op Address**  
(Where you will be living while on Co-op)

**Home Address**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_