UNM | *Office of Career Services*

CO-OP AGREEMENT FORM

Please deliver a copy of your unofficial transcipt along with this agreement form to the Office of Career Services.

STUDENT INFORMATION

Co-op Term: ☐ Fall ☐ Spring ☐ Summer Year: 20 _____
PLEASE SELECT ONE

UNM Student I.D.: |____|____|____|____|____|____|____|____|____|____|

First Name: _____ Middle Int.: _____

Last Name: _____ Sex: ☐ F ☐ M

Phone #: (_____) _____ – _____

Email: _____

Student Status: ☐ Soph/Junior (Undergrad.) ☐ Senior (Undergrad.)
☐ Masters' ☐ Ph.D

College: _____

Concentration: _____

Graduation Date: |____|____| – |____|____| (Month, Year) Current GPA: _____

Work Status: ☐ U.S. Citizen ☐ Perm. U.S. Resident
☐ F-1 Student Visa ☐ Other: _____

EMPLOYER INFORMATION

Company: _____

Address: _____

City: _____ State: |____|____| Zip: _____

Industry Sector: ☐ Government ☐ Non-Profit ☐ Manufacturing
☐ Service ☐ Education ☐ Research and Development
☐ Other: _____

Supervisor: _____

Title/Position: _____

Phone #: (_____) _____ – _____

Email: _____

POSITION INFORMATION

Position Title: _____

Start Date: |____|____| – |____|____| – |____|____| (beginning of semester)
Month Day Year

End Date: |____|____| – |____|____| – |____|____| (end of semester)
Month Day Year

Work Hours: _____ (per week) _____ (semester total)

Wage: $ _____ . _____ ☐ Monthly ☐ Hourly ☐ Stipend

Is this your first Co-op position? ☐ Yes ☐ No

Is this a continuation of a previous Co-op position? ☐ Yes ☐ No

POSITION DUTIES & RESPONSIBILITIES

(Highlight tasks and work activities or attach offer letter from the employer to this form.)

_____

_____

_____

_____

LEARNING OBJECTIVES

(Explain how duties and responsibilities directly relate to courses and UNM major/concentration. Specify at least three objectives.)

_____

_____

_____

_____

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STUDENT

I understand that I will receive a "credit" or "no-credit" for the Co-op course and no semester hour. To get Co-op credit I will need to submit both the student and employer final evaluations.

I understand that receiving a no credit can automatically prohibit me from participating in Co-op the following semester.

I agree to inform UNM Career Services in a prompt manner of any changes to my Co-op status, job duties, work hours, or anything that would alter this Agreement or would impede me in successfully completing the UNM Co-op Program. I understand that failure to do so will result in a "no credit" for the course and/or being prohibited to participate in Co-op the following semester.

I agree to inform UNM Career Services of any personnel problems during my Co-op that would impede me from completing my Co-op and/or cause.

***I agree** to follow my employer's job conduct rules, policies, procedures and agree to perform work assignments in a professional manner.*

Name (Printed) _____ Signature _____ Month ____ Date ____ Year ____

FOR INTERNATIONAL STUDENTS ONLY

I understand that I am NOT permitted to begin this work until I have completed both of the following:

1. I have enrolled for the Co-op course
2. I have received authorization on my I-20 from an international advisor in the Office of International Programs and Studies for each employer for the exact time period that I will work before I begin work (or in a letter from the J1 program sponsor if I am a J1 student.)

I further understand that failure to complete this process for each employer and all dates of employment will result in termination of my legal student status.

Student Signature _____ Date _____ Global Education Office (GEO) Advisor Signature _____ Date _____

ACADEMIC ADVISOR

I understand the requirements of the UNM Co-op Program as outlined above and verify that _____ is in good academic standings.
Student Name

Name (Printed) _____ Signature _____ Month ____ Date ____ Year ____

ASSOCIATE DEAN / DIRECTOR (ENGINEERING, ARCHITECTURE & PLANNING STUDENTS ONLY)

I met with _____ and verify that he/she understands and meets the additional program requirements set forth by the school.
Student Name

Name (Printed) _____ Signature _____ Month ____ Date ____ Year ____

EMPLOYER / SUPERVISOR

I understand that the procedures and requirements of the UNM Co-op Program and agree to complete an Evaluation Form a week prior to the end of the semester.

I agree to comply with Federal and State employment laws and regulations laws regarding workers compensation and liability insurance for student employment, ADA requirements, and equal opportunity employment.

I agree to inform UNM Career Services in a prompt manner of any changes to the student's Co-op status, job duties, work hours, or anything that would alter the Co-op Agreement or would impede in having the Co-op student successfully complete the Program.

Name (Printed) _____ Signature _____ Month ____ Date ____ Year ____

UNM CO-OP COORDINATOR

I agree to provide the student with the 'Student Evaluation Form' and 'Employer Evaluation Form' towards the end of the semester and agree to document the student's Co-op experience and maintain information and records on the student and his/her Co-op responsibilities for future references.

Name (Printed) _____ Signature _____ Month ____ Date ____ Year ____