## STUDENT INFORMATION



## EMPLOYER INFORMATION

| Company: |  | Supervisor: |  |
| :---: | :---: | :---: | :---: |
| Address: |  | Titie/Position: |  |
| City: | State: \| I I Zip: | Phone \#\# ( | - ) |
| Industry Sector: | $\square$ Government $\quad$ Non-Profit $\square^{\text {M }}$ Manufacturing | Email: |  |
|  | $\square$ Service $\square$ Education $\square$ Research and Development |  |  |
|  | - Other: |  |  |


| POSITION INFORMATION |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Position Title: | Work Hours: | (per week) |  |  | (semester total) |
|  | Start Date: | Wage: \$ | ロ | Monthly | - Hourly | y - Stipend |
|  | End Date: I | Is this your firs |  |  | $\square$ Yes | - No |
|  |  | Is this a contin | us Co-op pos | osition? | - Yes | $\square$ 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.)

## 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

## 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 $1-20$ 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 J 1 program sponsor if I am a J 1 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 | outline | that $\qquad$ is in good aca Student Name |  |

## Name (Printed)

Signature

$-1$
 $1-1$ $\qquad$
ASSOCIATE DEAN / DIRECTOR (ENGINEERING, ARCHITECTURE \& PLANNING STUDENTS ONLY) I met with $\qquad$ and verify that he/she understands and meets the additional program requirements set forth by the school. Student Name

Name (Printed)
Signature


## 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


$\qquad$

## 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

$-1$ $\qquad$
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