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CO-OP AGREEMENT FORM

PAGE 1

STUDENT INFORMATION

Co-op Term: Fall Spring Summer Year: 20 PLEASE SELECT ONE UNM Student I.D.:	Student Status: Soph/Junior (Undergrad.) Senior (Undergrad.) Major: Ph.D. Concentration:
EMPLOYER	NFORMATION
Company:Address: City:State:Zip: Industry Sector:GovernmentNon-ProfitManufacturing GerviceEducationResearch and Development Other:	Supervisor: Title/Position: Phone #: () Email:
POSITION	NFORMATION
	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 RESPONSIBILITIES th 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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AGE 2

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
	DR 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.

	Date	Global Education Office (GEO) Advisor Signature Date		
	ACADEM	IC ADVISOR		
I understand the requirements of the UNN	۷ Co-op Program as outlined above a	and verify that	is in good acade Student Name	mic standings.
Name (Printed)		Signature	— Month	— Date Year
ASSOCIATE DEAN	N / DIRECTOR (ENGINEER	ING, ARCHITECTU	RE & PLANNING STUDENT	SONLY)
I met with and Student Name	d verify that he/she understands and r	neets the additional prog	ram requirements set forth by the	school.
Name (Printed)		Signature	— Month	_ Date Year
	EMPLOYER	/ SUPERVISOR		
I understand that the procedures and requester.	uirements of the UNM Co-op Program	n and agree to complete	an Evaluation Form a week prior to	o the end of the
I agree to comply with Federal and State e employment, ADA requirements, and equa		s regarding workers com	pensation and liability insurance fo	r student
	a prompt manner of any changes to t	the student's Co-op statu	s job duties work hours or anythi	
I agree to inform UNM Career Services in Co-op Agreement or would impede in havi	ing the Co-op student successfully co	mplete the Program.	s, job datios, work hours, or anyth	ng that would alter the
I agree to inform UNM Career Services in Co-op Agreement or would impede in havi Name (Printed)	ing the Co-op student successfully co	omplete the Program. Signature	—	ng that would alter the Date Year
Co-op Agreement or would impede in havi	ing the Co-op student successfully co	mplete the Program.	— Month	ng that would alter the _ ー Date Year
I agree to inform UNM Career Services in Co-op Agreement or would impede in havi Name (Printed)	UNM CO-OP Student successfully co	Signature COORDINATOR r Evaluation Form' toward	- Month	_ Date Year

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