

* This form has to be stamped and signed * Please send this form to cscro@rit.edu

Croatia

STUDENT NAME: _____ E-MAIL: _____

I OBTAINED MY CO-OP IN THE FOLLOWING MANNER (insert X):

Through Career Services Office.

Through acquaintances (family, friends).

Through previous co-op.

Through employment websites (ie.posao.hr, HOSCO, LinkedIn)

Through campus networking events (CED, Guest lectures, Conferences, etc.)

STUDY PROGRAM and CO-OP EMPLOYMENT TERM (insert X):

International Business/GBM

Summer

Web and Mobile Computing

Fall

Hospitality and Tourism Management

Spring

New Media Design

PLEASE CHOOSE ONE OF THE COOP MODELS FROM BELOW APPLICABLE TO YOU (insert X):

Traditional, in-company co-op format

Other

Remote co-op delivery format

Entrepreneurial co-op format

PLEASE CHOOSE ONE (insert X):

Paid coop

Unpaid coop

EMPLOYMENT DATES: from _____ to _____

POSITION: _____ WORK HOURS: _____/week

BRIEF POSITION DESCRIPTION: _____

COMPANY: _____

INDUSTRY: _____

DEPARTMENT: _____

MENTOR'S NAME: _____ POSITION: _____

MENTOR'S PHONE: _____ EMAIL: _____

* Mentor: By filling out the above personal information I acknowledge that these are to be shared with RIT Croatia to check student co-op and performance and will not be used for any marketing purposes.

COMPANY ADDRESS: _____

ADDRESS OF STUDENT CO-OP: _____

* If a student will conduct co-op from different offices/locations in different periods it is necessary to submit the exact agenda attached to this registration form.

Student signature: _____ Company signature : _____

Company Stamp: _____ Date: _____