

\* This form has to be stamped and signed \* Please send this form to [cscro@rit.edu](mailto:cscro@rit.edu)

**Croatia**

STUDENT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

*Through Career Services Office.*

*Through acquaintances (family, friends).*

*Through previos co-op.*

*Through employment web sites (ie.posao.hr, HOSCO, LinkedIn)*

*Through campus networking event (CED, Guest lecture, Conference, etc.)*

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

*International Business*

*Fall*

*Web and Mobile Computing*

*Spring*

*Hospitality and Tourism Management*

*Summer*

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*

*Project based co-op format*

PLEASE CHOOSE ONE (insert X):

*Paid coop*

*Unpaid coop*

EMPLOYMENT/PROJECT DATES: from \_\_\_\_\_ to \_\_\_\_\_

POSITION: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_/week

BRIEF POSITION DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

COMPANY: \_\_\_\_\_

INDUSTRY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

MENTOR: \_\_\_\_\_ POSITION: \_\_\_\_\_

MENTOR'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

COMPANY ADDRESS: \_\_\_\_\_

ADDRESS OF STUDENT CO-OP: \_\_\_\_\_

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

Student signature: \_\_\_\_\_ Company signature : \_\_\_\_\_

Company Stamp: \_\_\_\_\_ Date: \_\_\_\_\_