**School of Communication Co-op Approval Form**

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| Name: |  UID: Email: |
| Dates of employment: |  to hours per week (350 hrs required): |
| Wage rate: |  per Major: |
|  |  |
| Co-op employer: |  |
| Employer products/services: |  |
| Employer address: |  |
| Employer contact: | Name: Title: |
|  | Phone: Email: |
| Co-op job title: |  |
| Co-op job description (be specific and describe the position, the job duties, and how the position and duties relate to your career and/or educational goals):

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| **Co-ops MUST be approved Professor Kari Cameron (Advertising and Public Relations), Dr. Tracy Worrell (Communication), and/or Dr. Grant Cos (Journalism)** |
| SoC approval: |  date: |
| Student signature: |  date:  |

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