

School of Communication Co-op Approval Form

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):

Co-ops **MUST** be approved Professor Kari Cameron (Advertising and Public Relations), Dr. Tracy Worrell (Communication), and/or Dr. Hinda Mandell (Journalism)

SoC approval: _____ date: _____

Student signature: _____ date: _____

