



Please deliver a copy of your unofficial transcript along with this agreement form to the Office of Career Services.

STUDENT INFORMATION

Co-op Term: [ ] Fall [ ] Spring [ ] Summer Year: 20 \_\_\_\_\_
PLEASE SELECT ONE

Student Status: [ ] Soph/Junior (Undergrad.) [ ] Senior (Undergrad.)
[ ] Masters' [ ] Ph.D

UNM Student I.D.: | | | | | | | | | | | | | | | | | | | | | |

College: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Int.: \_\_\_\_\_

Concentration: \_\_\_\_\_

Last Name: \_\_\_\_\_ Sex: [ ] F [ ] M

Graduation Date: | | | | - | | | | Current GPA: \_\_\_\_\_
Month Year

Phone #: ( ) -

Work Status: [ ] U.S. Citizen [ ] Perm. U.S. Resident
[ ] F-1 Student Visa [ ] Other: \_\_\_\_\_

Email: \_\_\_\_\_

EMPLOYER INFORMATION

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_

City: \_\_\_\_\_ State: | | | Zip: \_\_\_\_\_

Phone #: ( ) -

Industry Sector: [ ] Government [ ] Non-Profit [ ] Manufacturing
[ ] Service [ ] Education [ ] Research and Development
[ ] Other: \_\_\_\_\_

Email: \_\_\_\_\_

POSITION INFORMATION

Position Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_ (per week) \_\_\_\_\_ (semester total)

Start Date: | | | | - | | | | - | | | | (beginning of semester)
Month Day Year

Wage: \$ \_\_\_\_\_ . \_\_\_\_\_ [ ] Monthly [ ] Hourly [ ] Stipend

End Date: | | | | - | | | | - | | | | (end of semester)
Month Day Year

Is this your first Co-op position? [ ] Yes [ ] No

Is this a continuation of a previous Co-op position? [ ] Yes [ ] No

POSITION DUTIES & RESPONSIBILITIES

(Highlight tasks and work activities or attach offer letter from the employer to this form.)

Blank lines for entering position duties and responsibilities.

LEARNING OBJECTIVES

(Explain how duties and responsibilities directly relate to courses and UNM major/concentration. Specify at least three objectives.)

Blank lines for entering learning objectives.



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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.

Signature lines for Student Name (Printed), Signature, and Date (Month, Date, Year).

FOR 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.

Signature lines for Student Signature, Date, OIPS Advisor Signature, and Date.

ACADEMIC ADVISOR

I understand the requirements of the UNM Co-op Program as outlined above and verify that [Student Name] is in good academic standings.

Signature lines for Academic Advisor Name (Printed), Signature, and Date (Month, Date, Year).

ASSOCIATE DEAN / DIRECTOR (ENGINEERING, ARCHITECTURE & PLANNING STUDENTS ONLY)

I met with [Student Name] and verify that he/she understands and meets the additional program requirements set forth by the school.

Signature lines for Associate Dean/Director Name (Printed), Signature, and Date (Month, Date, Year).

EMPLOYER / SUPERVISOR

I understand that the procedures and requirements of the UNM Co-op Program and agree to complete an Evaluation Form a week prior to the end of the semester.

I agree to comply with Federal and State employment laws and regulations laws regarding workers compensation and liability insurance for student employment, ADA requirements, and equal opportunity employment.

I agree to inform UNM Career Services in a prompt manner of any changes to the student's Co-op status, job duties, work hours, or anything that would alter the Co-op Agreement or would impede in having the Co-op student successfully complete the Program.

Signature lines for Employer/Supervisor Name (Printed), Signature, and Date (Month, Date, Year).

UNM CO-OP COORDINATOR

I agree to provide the student with the 'Student Evaluation Form' and 'Employer Evaluation Form' towards the end of the semester and agree to document the student's Co-op experience and maintain information and records on the student and his/her Co-op responsibilities for future references.

Signature lines for UNM Co-op Coordinator Name (Printed), Signature, and Date (Month, Date, Year).