

Cooperative Education Learning Contract

Multimedia Web Design & Development

Student Name: _____ ID: _____
Local Phone Number: _____ E-mail: _____
Major Department: _____ Course: _____
Semester: _____ Year: _____ CRN: _____

Internship Organization: _____
Address: _____

Work Supervisor Position & Name: _____
Telephone: _____ Fax: _____ E-mail: _____
Start Date: _____ Expected End Date: _____
Working Hours: _____ Total hours a week: _____
Rate of pay: _____

Student Signature: _____ Date: _____
Work Supervisor Signature: _____ Date: _____
Co-op Advisor Signature: _____ Date: _____

Description of Job Responsibilities¹:

¹ When the co-op is completed a 5 page paper describing the co-op experience as it relates to the student's major – area of specialization is due in to the co-op advisor. The paper may be submitted electronically.