



375 Richards Hall 360 Huntington Ave Northeastern University Boston, MA 02111 P: 617-373-3200

## Cooperative Education Placement Sheet

Funding Source: ( <i>Select One</i> )		WORK-STUDY	UNIVERSITY, GRANT FUNDED		
Year of Graduation		Major			
Semester ( <i>Select all that apply</i> )	FALL	SPRING	SUMMER 1	SUMMER 2	

### STUDENT INFORMATION

STUDENT'S NAME		NUID #			
STREET ADDRESS		CITY	STATE	ZIP	
PHONE		NORTHEASTERN EMAIL ADDRESS			
Co-op Advisor:		Email:		Ext:	

### POSITION INFORMATION

POSITION TITLE					
DEPARTMENT		START DATE		END DATE	
ACCOUNT CODE ( <i>LEAVE BLANK IF WORK-STUDY FUNDED</i> )			ADDRESS		
PAY RATE	MAX HOURS	CITY	STATE	ZIP CODE	
PRIMARY TIMESHEET SUPERVISOR		SECONDARY TIMESHEET SUPERVISOR (REQUIRED)			
PRIMARY SUPERVISOR PHONE NUMBER		SECONDARY SUPERVISOR PHONE NUMBER			
		SELECT CO-OP RATE	C-II	C-III	C-IV
					C-V

### SIGNATURES

I, the student, hereby acknowledge that the above information is correct. I agree to be held responsible for my participation in this co-op position. I agree to submit my timesheets on a weekly basis, according to the deadlines set forth by the Student Employment Office. I understand that I do not get compensated for any hours not worked, including sick time, jury duty and/or vacation. I will be sure to adhere to the maximum hours allotted per week and will not work over that amount.

Student Signature		Date	
-------------------	--	------	--

I, the co-op coordinator, hereby acknowledge that the above information is correct. I have completed the entirety of this form to the best of my ability. Any changes to this information will be submitted in writing through a new co-op placement form. I will be sure to communicate the maximum hours with the department supervisor and remind the student that they must stay within the hourly maximum and that there is no compensation for hours not worked, including, but not limited to, sick time, jury duty and/or vacation.

Co-op Coordinator's Signature		Date		Ext.	
-------------------------------	--	------	--	------	--

### FOR STUDENT EMPLOYMENT USE

I-9	D-D	RCVD BY		Date	
-----	-----	---------	--	------	--