THE UNIVERSITY OF ALABAMA
STUDENT CO-OP POSITION ACCEPTANCE
AND WORK SCHEDULE

Student Information

Name _____ CWID# _____

Phone _____ Email _____

Acceptance Of Co-op Offer

This confirms my acceptance of co-op employment with:

Employer _____

Location _____

to become a University of Alabama co-op trainee. In accepting this offer, I understand that I am expected to regularly alternate semesters of school and work. I understand that I am expected to report to work on _____. If this date is not correct, please notify me.

_____

Student Signature **Date**

Co-op Work Schedule

_____ I understand that I am expected to complete the following work schedule.
Initial

_____ I understand that for all University registration periods (Fall, Spring, Summer) I will be registered for either classes or co-op employment during my agreed upon work schedule.
Initial

_____ I have received a copy of the **Student Pre-Work Check List** and understand it is my responsibility to complete the requirements listed therein, ***prior to leaving campus for each work semester***.
Initial

Note: Designate each semester as WK=Work, SCH=School, ISTG=In School To Graduate, GRAD=Graduate

YEAR NUMBER ONE		
SPRG 2017	**SUM 2017**	**FALL 2017**

YEAR NUMBER TWO		
SPRG 2018	**SUM 2018**	**FALL 2018**

YEAR NUMBER THREE		
SPRG 2019	**SUM 2019**	**FALL 2019**

YEAR NUMBER FOUR		
SPRG 2020	**SUM 2020**	**FALL 2020**

Major _____ Projected Graduation Date _____

I fully understand that this agreement becomes effective upon my acceptance of the co-op position and work schedule.

_____ _____

Student Signature **Date** **Co-op Program Signature** **Date**