

**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**

\_\_\_\_\_  
Initial 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*.

**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