OFFICE OF CAREER SERVICES

Cooperative Education Contract
STUDENT NAME and UML ID # (printed VERY CLEARLY)

NAME_________________________ ID#_________________________

Student:
This contract is valid for only one semester or summer session. Every semester in which you work at a co-op placement requires a new contract. Required signatures really are REQUIRED. In order to participate in Cooperative Education at University of Massachusetts Lowell, I agree that I will:

1. Gain approval from my faculty co-op advisor before signing up for co-op. He/she will evaluate my readiness for this program.
2. Provide my faculty co-op advisor with accurate and current employer contact information and descriptions of the jobs/projects I would like considered for my co-op participation. He/she will judge the technical & quality content of these co-op opportunities.
3. Review my financial aid, scholarship, student loans and health insurance to understand how this co-op may impact my funding and coverage.
4. Carefully read and understand the guidelines and requirements specific to my academic major for this experience. Usually this detailed information is available on the academic department’s web site. Each student is ultimately responsible for making certain that he/she learns, understands and fulfills all the requirements for their department.
5. Maintain regular contact with my faculty co-op advisor and fulfill all the departmental academic requirements. Most co-op experiences will require submission of a complete report of activities and learning at the conclusion of each semester.
6. Facilitate the arrangements for a site visit by my faculty co-op advisor at my work place, if a visit is requested or required. This may include coordinating a meeting with my work supervisor and faculty co-op advisor.
7. Behave, speak, appear and act in an appropriate, professional manner at all times in my co-op environment and with my co-op colleagues. As a UMass Lowell student, working under the guidance of UMass Lowell faculty, you are a representative of this institution and all that you do reflects on UMass Lowell.
8. Complete and return the evaluation forms that I receive from Career Services and/or from my faculty advisor.
9. When complete, return this signed contract, with a copy of the approved job description and a thoroughly completed contact information/data sheet to the Career Services Office.

PLEASE NOTE: Undergraduate students who seek academic recognition on their transcript MUST officially register for the co-op course (industrial experience) using their academic department’s appropriate co-op, internship, practicum or industrial experience course number. The faculty advisor for this experience must PRE-APPROVE this program for the student and provide the permission number that will allow ISIS registration. All Graduate level co-ops carry zero (0) credits.

I have read, understand, agree to and accept all the elements of this contract.

Student Signature       Date

International Student studying at UMass Lowell on an F-1 visa:
Because the U.S. Citizenship and Immigration Services office (USCIS) has certain rules that I must follow, I agree to:
1. Obtain information relating to Curricular Practical Training (CPT) from the International Students & Scholars Office.
2. Bring this contract, AFTER it has been reviewed and signed by me, by my employer and by my faculty co-op advisor to the International Student Advisor BEFORE I begin my co-op assignment. This step is necessary so that the International Student Advisor may authorize my Form I-20 for CPT.
3. Read and sign Page 5 of this contract to confirm my understanding of the CPT regulatory requirements in order to maintain my valid F-1 status. CPT will not be authorized without my signature on Page 5 of this contract.

I have read, understand, agree to and accept all the elements of this contract.

Student Signature       Date

(Contract & Signatures Continued on Page 2)
STUDENT NAME and UML ID # (printed VERY CLEARLY)

NAME_________________________________________ ID# ____________________________

Cooperating Employer:
This student has been offered a position (please attach position description).
As a participant in the University of Massachusetts Lowell’s Cooperative Education Program I agree to:
1. Provide relevant learning experiences, through work assignments, to this student.
2. Provide appropriate orientation, work place supervision and a safe environment for this student.
3. Accommodate at least one faculty site visit each co-op term if requested or required.
4. Provide a timely written evaluation of the student to the faculty co-op advisor (convenient, optional forms will be provided by the University).
5. Be responsible to meet all U.S. export laws and regulations.

I have read, understand, agree to and accept all the elements of this contract.

Co-op Employer/Supervisor Name and Title Printed Clearly

Company/Organization Name Printed Clearly

Co-op Employer/Supervisor Signature

Date

Faculty Advisor:
The above mentioned student has my permission, subject to review by the International Student Advisor for F-1 visa holders, to proceed with official registration into University of Massachusetts Lowell’s Cooperative Education Program in the _______________ department because:
1. I reviewed the description of the co-op opportunity provided by this student and his/her prospective co-op employer.
2. I agree that, as described, this position:
   • has relevance to this student’s academic program,
   • contains appropriate and sufficient technical content and learning opportunities for inclusion in the University’s Cooperative Education Program.
3. I have verified that the student is in good academic standing. I believe he/she is prepared to undertake this co-op position.

Faculty Co-op Advisor Name (Please Print VERY CLEARLY)

Student’s Current GPA

Faculty Co-op Advisor Signature

Date

Department Chair Signature (required in Computer Science)

Date

International Student Advisor:
I have met with the above named student and have ___ have not ___ authorized curricular practical training.

International Student Advisor Signature

Date

Cooperative Education Data Sheet and Position Description forms MUST be completed and attached to this complete contract.

Revised 2/2009