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OFFICE OF CAREER SERVICES

COOPERATIVE EDUCATION / INTERNSHIP
POSITION DESCRIPTION

Page 4 of the Cooperative Education Contract

Name of Employing Organization:

Today's Date:

Address:

Phone:

Fax:

Web Site:

Contact Person(s):

Phone Ext:

Title:

E-Mail:

Organization Description:

Position Title:

Position Description:

Appropriate Year in Studies (check all that apply): \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Master's \_\_\_ Doctoral

Qualifications Required:

Skills expected to be learned on the job:

Position Starting Date:

Position Hours:

Hourly wage:

Position Ending Date:

Contact Instructions: Students should

- Call for an appointment
Mail, fax or email a letter with their resume
Other:

For U.Mass Lowell use:

Student Name

Signature & Department of Faculty Advisor giving Approval

Student ID #

REQUIRED: Signature & Title of Employer/Supervisor