COOPERATIVE EDUCATION / INTERNSHIP

POSITION DESCRIPTION

Page 4 of the Cooperative Education Contract

Today’s Date:

Name of Employing Organization:

Address:

Phone:    Fax:    Web Site:

Contact Person(s):

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