

**University of Massachusetts Lowell**  
**COOPERATIVE EDUCATION DATA SHEET**

Page 3 of the Cooperative Education Contract

Please complete ALL information on this form. Please TYPE or print CLEARLY.

**Student Information**

**Today's Date:**

Student Name			
	HOME/PERMANENT	SCHOOL	While on Co-Op
Mailing Address			
Home Phone			
Cell Phone			
Work Phone			
Email			
Academic Major:		Current Overall GPA:	
Faculty Advisor:			
Co-op Faculty Advisor (if different):			
Degree Program (circle): BS MS PHD			
Expected Date of Graduation (month/year):			

**Company Information**

Company Name	
Division	
Address	
Web Site	

**Company Co-op Supervisor**

**Human Resources Rep**

Name		
Title		
Work Phone (include extension)		
Fax		
Email		

**Position Information**

Job title			
Start/end dates	Start:	End:	
Status	Full-Time	Part-Time	Indicate # hours/week:
Hourly Wage			
Estimated total hours for contract period			

This information is accurate to the best of my knowledge. If there is a change to any of the above information during the course of my contract, I will notify the Career Center and my Advisor as soon as possible.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date