Marjorie & Bill Springer Center for Excellence in Internships
Smith Career Center – Bradley University
Cooperative Education & Internship Student Agreement - Part 2

Student Information:
BU ID # ____________________________        College: AEP BUS CFA EGT EHS LAS GRD
Expected Graduation Date (Month/Yr.) ___________        Major: ____________________________
Name ___________________________________________
(print)
Address ____________________________________        Phone _____________________________
(residence while on work assignment)       Street
City State Zip

Employer Information:
Organization ____________________________        City, State ____________________________
Supervisor Name ____________________________        Title ____________________________
Street Address ____________________________________        City, State, Zip ____________________________
Phone ____________________________        FAX ____________________________
Email Address (if available) ____________________________

Work Assignment Information:
(One form required for each work assignment)
Fall 20______        Full-time______        Starting (month/day/year) ________________
Jan. Interim 20______        Part-time______        Ending (month/day/year) ________________
Spring 20______
Summer 20______        Hours Worked Per Week__________________
(Hourly Wage________)        Hours Worked Per Work Assignment______
(Credit Hours Requested________)        Work Assignment #________
Student Signature__________________________        Date_______________________

Career Advisor
Signature__________________________________        Date_______________________

K/Co-op Internship Forms/Student Agreement Rev. 7/13/10