

**Student  
Cooperative  
Education  
Agreement**

**Illinois Institute of Technology  
Career Management Center (CMC)**

Paul V. Galvin Library  
35 West 33rd Street  
Chicago, IL 60616

312.567.6800  
fax: 312.567.6801 or 6489  
[www.cmc.iit.edu](http://www.cmc.iit.edu)

By signing below, I agree to adhere to the following policies of the IIT Co-operative Education Program:

1. Acceptance into the Co-op Program is determined by the CMC, based on completion of two (2) semesters in good academic standing. Continuation is dependent upon maintaining good academic standing.
2. Each student in the co-op program must maintain his/her file in the CMC database including a current resume, at all times. IIT will only recognize the co-op status of students whose work experience is monitored by the CMC.
3. The student is required to inform the CMC of all work-term conditions, including hiring, discharge, work schedules, etc. Additionally, students must communicate ALL work place changes and problems to their CMC advisor as soon as they begin, and meet with their CMC advisor before and after each work term.
4. Before starting the first work term, the student must develop a Co-op Plan with the assistance of the workplace supervisor, the student's faculty advisor, and the CMC advisor. No changes may be made to the Co-operative Education Plan without the consent of the work place supervisor and the CMC advisor.
5. *A minimum of two (2) full-time work terms for graduate students, or (3) three full-time work terms for undergraduate students, with the same employer is required* (assuming suitable performance, availability of budget/relevant work, and student not changing major). This minimum can be fulfilled with any combination of full and part-time work terms (two part-time terms are considered the equivalent of one full-time work term), prior to the student's completion of his/her degree program. Since co-op is an academic program, start and end dates of work terms must follow academic semesters.

Co-op work periods are roughly designated as follows:

- Fall semester..... September - December
- Spring semester ..... January - April
- Summer semester ..... May - August

**YOU MAY NOT TURN IN CO-OP PAPERWORK AFTER THE PUBLISHED DEADLINE. DEADLINES FOR CO-OP REGISTRATION WILL BE STRICTLY ENFORCED.**

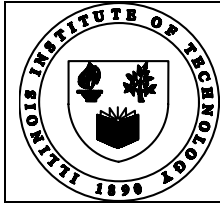
6. The student must register for the appropriate co-op course with the IIT Registrar for **each work term, including summer**. Your CMC Advisor will provide the Registration or Drop/Add form, which needs to be submitted to the Registrar's Office. *Students who fail to register with IIT during co-op work terms may be required to apply for readmission to the university, and may lose the grace period for loan repayments.*
7. Students will be expected to participate in an evaluation process each term at the work site. The student and supervisor will determine objectives and learning goals at the beginning of the term, and evaluate progress toward those objectives at the end of the term, which will be submitted to the CMC in the Work Term Evaluation.
8. Students working full time may take up to six (6) hours of course work during a work term. Course-work loads over this limit during a work term must be approved by the Undergraduate or Graduate College Dean.
9. Failure to adhere to these policies will result in dismissal from the Co-operative Education Program, including employment at the co-op work site.

*Pursuant to the Family Education Rights and Privacy Act of 1974, as amended, I hereby authorize the Illinois Institute of Technology Career Management Center to release information concerning my qualifications to prospective employers for the purpose of providing assistance with my search for employment.*

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Student  
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**STUDENT INFORMATION** (please print or type)

**Date** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

Student ID# \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Residency status [ ] U.S. Citizen [ ] Permanent Resident [ ] F-1 Visa

Faculty Advisor \_\_\_\_\_ CMC Advisor \_\_\_\_\_

**EMPLOYER INFORMATION** (please print or type)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

URL (website) \_\_\_\_\_

**CO-OP SUPERVISOR INFORMATION** (please print or type)

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE CO-OP EDUCATION PLAN**

1. Start with your first semester at IIT, when you began your current degree program, and list **ALL** of the classes you have taken thus far towards that degree. (If you've been at IIT for more than a semester or two, you may wish to get a copy of your transcript to make this easier.)
2. Now fill in what classes you expect to take, *up until you graduate*. (You want to show that you have a plan to fit in all the classes you need to graduate – during semesters when they're actually offered – so that your work experience doesn't interfere with your academic requirements.) You can change this at any time and notify your CMC advisor about the revisions.

**Instructions continued on the next page.**

3. Now fill in what terms you intend to work (at least 2 full-time terms if you're a graduate student, and 3 fulltime terms if you're an undergraduate), and if those are full-time (FT) or part-time (PT) work terms. List them as Co-op 1, Co-op 2, Co-op 3, etc. Check out the sample Co-op Plan if you have any additional questions regarding filling out this form. Make sure this Plan is completely filled out with classes and co-op work terms *BEFORE* anyone signs it.

**COOPERATIVE EDUCATION PLAN:**

<b>ACADEMIC YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
20____ - 20____ (Example: 2007-2008)			
20____ - 20____			
20____ - 20____			
20____ - 20____			
20____ - 20____			

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IIT Faculty Advisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worksite Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CMC Advisor signature

\_\_\_\_\_  
Date