

THE UNIVERSITY OF AKRON
Engineering Cooperative Education
Student Summary of Cooperative Position

Please type or print

NAME: _____

SEMESTER: _____ YEAR: _____

MAJOR: Biomed ChE CE CompE EE ME MEPoly

WORK PERIOD (circle one): Opt. Summer 1 2 3

EMPLOYED BY: _____

LOCATION: _____

NAME OF DEPARTMENT (not number) TO WHICH YOU WERE ASSIGNED: _____

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____

DATE YOU STARTED: _____

DATE YOU STOPPED: _____

NUMBER OF WEEKS WORKED: _____ HOURS PER WEEK: _____

PAY RATE (prior to taxes): _____ per month

DAYS ABSENT: _____ REASON: _____

SIGNATURE: _____

DATE: _____

Use the back for any additional information.