

Student Name: _____

DESCRIPTION OF CO-OP POSITION

To be completed by the company offering Co-Op

1. Briefly describe the duties you expect the Co-Op Student to perform.
2. How many hours per week, on average, will the student spend on the job? _____
3. Please identify the starting date and the ending date for the Co-Op experience below:
_____ to _____.
4. What kind(s) of supervision will the Co-Op student receive?
5. Will the Co-Op Student be compensated? _____ How much per hour \$ _____.00
6. You will be expected to provide a written evaluation on the students job performance (form provided).

Company Supervisor's Signature: _____

Name: _____

Title: _____

Organization: _____

Business Address: _____

_____ Zip: _____

Business Phone: (____) _____ Email Address _____

Please return to:

Jan J. Nelson (jnelson@ou.edu) on behalf of:
Faculty Advisor/Co-Op Coordinator
Michael F. Price College of Business
Steed School of Accounting
University of Oklahoma
307 West Brooks, Room AH 200
Norman, Oklahoma 73019