

**Herff College of Engineering
Engineering Cooperative Program
Agency Agreement**

Student Name, if applicable: _____

Agency's Name: _____

Agency's Contact Person (the person to whom information will be sent):

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Please indicate the number of each major that you require:

Engineering:

Biomedical _____

Civil _____

Computer _____

Electrical _____

Mechanical _____

Engineering Technology:

Computer _____

Electronic _____

Manufacturing _____

Co-Op position(s) will be:

Full-Time _____

Part-Time _____

The Agency agrees to employ the student under the same conditions and rules that govern other employees and to provide job supervision and varied work experiences. The student's supervisor will be asked to evaluate the student's performance at the end of each term. A form will be supplied for this evaluation. The Agency is in no way obligated to continue the student's employment post-graduation or to give preferential treatment because of this agreement.

Signature

Date