**School of Communication Co-op Approval Form**

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| --- | --- |
| Name: | UID: Email: |
| Dates of employment: | to hours per week (350 hrs required): |
| Wage rate: | per Major: |
|  |  |
| Co-op employer: |  |
| Employer products/services: |  |
| Employer address: |  |
| Employer contact: | Name: Title: |
|  | Phone: Email: |
| Co-op job title: |  |
| Co-op job description (be specific and describe the position, the job duties, and how the position and duties relate to your career and/or educational goals):  ⬜ I agree to notify the School of Communication if any of the above information changes after approval.   |  |  | | --- | --- | | **Co-ops MUST be approved Professor Kari Cameron (Advertising and Public Relations), Professor Keri Barone (Communication), and/or Professor Tom Dooley (Journalism)** | | | SoC approval: | date: | | Student signature: | date: | | |

Additional Director Comments: