

UTA Engineering Cooperative Education Program
Student's Evaluation of Co-op Experience

Please make appropriate comments regarding your most recent co-op work experience. Add extra pages if needed.

Name: _____

I.D. #: _____

Phone: _____ E-mail: _____

Employer: _____

Your Job Title: _____

Salary: _____ Avg. hrs. worked per week: _____

Brief Description of Your Duties/Activities: _____

How were your classroom studies used in the performance of your co-op duties?

How did your co-op experience contribute to your career field? _____

Were you adequately trained and supervised during your work term? Please explain.

How would you describe the working conditions and your relationship with regular permanent employees?

Do you feel the level of responsibility and the nature of assigned tasks were appropriate to your academic and work experience level?

What is your overall rating of the co-op work experience:

Excellent _____ Good _____ Average _____ Below Average _____ Poor _____

Do you have any recommendations that you feel could improve the quality of the coop work experience, things that the employer or the co-op office can do?

What is your projected graduation Semester/Year? _____

Student's signature

Date

Please return the form, a copy of the Employer's Evaluation and your Work Report to: Engineering Cooperative Education Program, Box 19077, Arlington, TX 76019.