

Request for Co-op Course Participation

This form must be completed before a student may register for the course and before the activities for which credit is requested have begun. No credit will be given for previous experience or activities.

Name: _____

Student ID #: _____ Concentration: _____

Address: _____

Phone: _____ E-mail: _____

Employer: _____

Address: _____

Co-op supervisor: _____

Phone: _____ Fax: _____

Start date: _____ End date: _____

Salary _____ Work Schedule _____

Detailed explanation of co-op duties: _____

Student signature

Date

Co-op Site Supervisor

Date

UTA Co-op Coordinator

Date

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.