

UTA Engineering Cooperative Education Program
WORK REPORT

This report will be graded and will become a part of your permanent record. Please answer all questions. Print neatly or type.

Work Tour #: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Semester: Fall ___ Spring ___ Summer ___

Name: _____

Major: _____ ID #: _____

E-mail: _____ Phone: _____

Address: _____

City/State: _____ ZIP: _____

Employer: _____

Location: _____

Immediate supervisor: _____

Supervisor's phone #: _____

Your Job Title: _____

Date Started: _____ Last day of work: _____

Credit courses taken while on work tour: _____

_____ Semester hours: _____

_____ I have finished the co-op program and will not be working any more tours.

_____ I have not finished the co-op program and will return for my
2nd ___ 3rd ___ 4th ___ 5th ___ work tour with

(Company) _____

for the _____ semester of _____.

Signature

Date