

## Cooperative Education On-Campus Job Description

A position description form will be required for each semester or project. If the original job description indicates that a Co-op project will take more than one semester to complete, then that description will apply until the project is complete. If the student plans to work on a new project, then a new description form is needed.

Job Title: \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Location/Room #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

1. Briefly list the job duties: \_\_\_\_\_

\_\_\_\_\_

2. Will the student be required to perform any of these duties off-campus? If yes, describe. \_\_\_\_\_

\_\_\_\_\_

3. What major, or academic course work, is appropriate for the successful applicant to have? \_\_\_\_\_

\_\_\_\_\_

4. What specific project(s) will be completed by the student? \_\_\_\_\_

\_\_\_\_\_

5. How many semesters will it take to complete this project? \_\_\_\_\_

6. What skills will be learned or enhanced as a result of this project? Please BE SPECIFIC. \_\_\_\_\_

\_\_\_\_\_

7. How will progress made toward completion of this project be evaluated? \_\_\_\_\_

\_\_\_\_\_

8. Are there other projects that may develop if this project is completed successfully? If yes, give an example. \_\_\_\_\_

\_\_\_\_\_

9. Does your department budget require that the Co-op student hired have work-study funds available? \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature

Date

FOR OFFICE USE ONLY:

Name of student hired: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_

Work study eligibility: \_\_\_Yes \_\_\_No Date verified: \_\_\_/\_\_\_/\_\_\_

Original: Co-op Office 1st copy: Student 2nd copy: Supervisor

rev. 11/01