

Co-Operative (Co-op) Education Program: Job Approval Form

University of Houston - Clear Lake Career Services, SSCB 3109 2700 Bay Area Blvd. Houston, TX 77058-1098

Phone: 281.283.25900 Fax: 281.283.2602

Student				
ID#				
Street Address				
City, State, Zip				
Email (mandatory)				
Telephone				
Employer				
Mailing Address				
City, State, Zip				
Supervisor's Name		Title		
Phone	Fax	Email		
Job Title		Salary		
Major Duties				
Number of work hours exp	pected each week	Minimum/week	Maximum/week	
Estimated length of employ	yment (Not binding	on either party)		
sole purpose of this form is t Lake. I agree this form refle	to facilitate the grant ects our initial verbal	ting of academic credit to the	eside Texas, other states' laws apposite to the University of Houcifically addressed in the form. Combined to change.	iston - Clear
Company Representative's S	signature		Date	
Pri	inted Name			