



**Department of Cooperative Education  
College of Computer Science  
Graduate Cooperative Education Program**

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**Initial each appropriate section of the AGREEMENT:**

**I agree to adhere to the following:**

Cooperative education assignments are an optional part of the graduate program at this University. As a participant in the cooperative education program, I understand and agree to abide by the following:

Each cooperative position is made available to Northeastern University by the employer and, through the Computer Science Cooperative Education Program.

\_\_\_\_\_ Therefore, I will work for the cooperative employer for the specific period of time indicated in this Agreement and I understand that at the end of that time I must voluntarily return to school to continue my academic studies toward graduation.

\_\_\_\_\_ I understand that I am not to negotiate with the employer for future co-op arrangements that will be convenient to my personal needs.

\_\_\_\_\_ I understand that I am not to extend my co-op based on Pre-Optional Practical Training and/or Optional Practical Training and that if such is done, I understand that I will receive a "U" Unsatisfactory grade on my official transcript for the previously approved co-op period.

\_\_\_\_\_ I will not negotiate with the employer for part-time employment after the approved co-op period.

\_\_\_\_\_ Any future co-op arrangements outside of the original Agreement must be discussed with the Faculty Coordinator, before discussing the ideas with the employer. The final decision for future co-op arrangements will be the decision of the Faculty Coordinator.

\_\_\_\_\_ I will make a decision to accept a position only when I am fully aware of, and willing to honor my responsibilities to the cooperative employer. I will make a prompt decision in order that another student may be offered the position if I decline it.

\_\_\_\_\_ Referral of students is the prerogative of the Department of Cooperative Education. Therefore, I will not refer any other student to a cooperative employer.

\_\_\_\_\_ I authorize the Department of Cooperative Education to release to prospective cooperative employers information relating to my academic transcript and cooperative education records when, in the judgment of the Professional Staff of the Department, this information will be of value to my personal and/or professional development and assist in my effective placement.

\_\_\_\_\_ Upon my acceptance of a cooperative position, I will neither seek out nor accept a cooperative assignment from any other employer for the same quarter(s). I recognize my responsibility to perform all tasks assigned to me to the best of my ability, to meet all the standards and conditions of my employment, and to abide by the work schedule established by my employer.

\_\_\_\_\_ I am to notify The Faculty Coordinator of any significant changes in my status which would have a direct effect on my performance as a participant in the cooperative program.

\_\_\_\_\_ In the event that, with the approval of The Faculty Coordinator, I obtain my own temporary position or participate in the Experiential Program, I will file the appropriate petitions.

\_\_\_\_\_  
Name (please print or type)

**Agreement (continued)**  
**College of Computer Science**  
**Optional Graduate Cooperative Education Program**

\_\_\_\_\_ It is my responsibility to complete my portion of the Student-Employer Evaluation Form made available to me at the conclusion of each cooperative quarter, and to give the form to my employer for his or her evaluation of my performance.

\_\_\_\_\_ I am aware that my conduct on each cooperative assignment is subject to the policies and procedures of the Department of Cooperative Educations as outlined in the Northeastern University Co-op Handbook.

\_\_\_\_\_ The final decisions concerning all co-op assignments will be between Northeastern University and the employer.

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Signature Date

**When you actually accept an assignment, an Agreement form such as this must be completed before you start working.**

**SPECIFIC ASSIGNMENT**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Starting Date Ending Date

Brief Job Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Conditions of Employment  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Coordinator(Signature)

\_\_\_\_\_  
Student Signature Date