



College of Computer and Information Science Cooperative Education Program

**FINAL AGREEMENT**

Name \_\_\_\_\_  
(please print) Last First Year of Graduation Div. Major

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

Cooperative education assignments are an integral part of my educational program at Northeastern University. As a participant in the cooperative education program, I understand and agree to abide by the following:

While a cooperative education student I will be alternating specific periods of academic study and employment. Each cooperative position is made available to Northeastern University by the employer and, through the College of Computer and Information Science, to the student covering each work period. Therefore, I will work for the cooperative employer for the specific period of time indicated in the Agreement and at the end of that time voluntarily return to school to continue my academic studies toward graduation.

Every cooperative position requires a minimum commitment of 6 months for undergraduate students and 6 months for graduate students unless prior arrangements are agreed upon, included under "special conditions of employment" in this Agreement, have been made with the Faculty Coordinator responsible for that position.

I am fully aware of, and willing to honor, my responsibilities to the cooperative employer.

Upon my acceptance of a cooperative position, I will neither seek out nor accept a cooperative assignment from any other employer for the same semester(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 my 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.

It is my responsibility to complete the on line portion of the Student Employer Evaluation Form made available to me at the conclusion of each cooperative semester, and to have my employer complete the on line form 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 as outlined in the Northeastern University Coop Handbook.

**I have read, understand and agree to adhere to the above:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

***If while on the assignment, there are any types of problems and/or concerns please contact your Co-op Faculty Coordinator, immediately.***

(Over)

**Cooperative Work period:** from \_\_\_\_\_ to \_\_\_\_\_

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

**Manager:**

Name: \_\_\_\_\_

Manager's Phone: \_\_\_\_\_ Manager's e-mail address: \_\_\_\_\_

**Employer:**

Company Name \_\_\_\_\_

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

Address of co-op employment if different than the Employer Address:

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

**GROSS SALARY:** (before taxes)

Hourly rate: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Comments:** *(in most situations this is left blank)*

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**Address where you can be contacted during the co-op period:**

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