

**The University of Iowa College of Engineering**  
**Student Development Center/Engineering Professional Development**  
**Cooperative Education and Internship Program**  
**Experience Agreement**

**STUDENT INFORMATION**

Name \_\_\_\_\_ ID # \_\_\_\_\_

Major \_\_\_\_\_ Semester/Year of Assignment: Spring 20\_\_\_\_  
 Year in School: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Grad Summer 20\_\_\_\_  
 Expected Graduation Date \_\_\_\_\_ Fall 20\_\_\_\_

U.S. Citizen \_\_\_\_\_ Visa status \_\_\_\_\_

Personal Address on Assignment: \_\_\_\_\_ Home Phone # on Assignment:  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ Work Phone # on Assignment:  
 \_\_\_\_\_ ( ) \_\_\_\_\_

Engineering E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Permanent Phone #:  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYER INFORMATION**

Organization \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Phone #  
 \_\_\_\_\_ ( ) \_\_\_\_\_

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**POSITION INFORMATION**

Employment Dates: Start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Compensation: Hourly \$ \_\_\_\_\_  
 End \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Duties/Responsibilities: [Student may attach an employer offer letter in place of this information.]  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT SIGNATURES**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

International Student Advisor \_\_\_\_\_ Date \_\_\_\_\_

[Signature needed only when applicable; obtain at Office of International Students & Scholars]

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**Mail or Fax to: Philip E. Jordan, Director, Professional Development, 3124 SC Iowa City, IA 52242-1527**  
**1-(319) 384-0529 (Fax)**