

The University of Iowa College of Engineering
Student Development Center/Engineering Professional Development
Cooperative Education and Internship Program
Statement of Understanding

Please read and check:

ACADEMIC STATUS

_____ I understand that I must maintain at least a 2.0 University of Iowa GPA to participate in the program.

_____ I have received and understand the documentation on the six completed documents that must be submitted to the Director of the program in order to receive a grade of "R" on my transcript indicating successful completion of my co-op or internship.

FINANCIAL AID (SCHOLARSHIPS & LOANS)

_____ I understand that it is my responsibility to check with both the Office of Student Financial Aid and with Nancy Schneider in 3124 SC regarding the impact of employment on scholarships and loans.

PROFESSIONAL CONDUCT

_____ I understand that I am a representative of The University of Iowa during my internship/cooperative education assignment and, as such, I am to act in a professional manner at all times.

_____ I understand that it is my responsibility as an internship/cooperative education participant to ascertain from my employer the specific details of my job duties, work schedule, compensation and benefits.

HEALTH/ACCIDENT INSURANCE

_____ I understand that it is in my best interest to carry appropriate health and accident insurance during my assignment. The University of Iowa is not responsible for accident/injuries which may occur in connection with my internship/cooperative education position.

UNEMPLOYMENT COMPENSATION

_____ I understand that as an internship/cooperative education student I am not eligible by law to file for unemployment compensation from my internship/cooperative education employer or from The University of Iowa.

AUTHORIZATION OF RELEASE OF INFORMATION

_____ I hereby authorize, pursuant to the Family Education Rights and Privacy Act of 1974, the Director of co-ops and internships to release on my behalf to actual and prospective employers such information contained in my academic records as is necessary to aid such employers in assessing my potential and eligibility for a position. I grant permission to the coordinator to furnish performance evaluation information to faculty in my department.

_____ (Optional) I give my permission to the Director & staff of the COE Co-op & Internship Program to share information from my co-op and/or internship experience with other students, faculty and staff.

As an internship/cooperative education student, I agree to notify the Director of the program when I accept a position. Furthermore, I will fulfill my responsibilities to the office, my academic department and employer. I understand that my continued enrollment in the internship/cooperative education program is contingent upon my adherence to this Agreement.

Applicant's signature _____ **Date** _____

Director's signature _____ **Date** _____