

The University of Iowa College of Engineering
Cooperative Education and Internship Program
Registration & Experience Agreement (40 Points)

Student Instructions: Complete this form. Consult with your supervisor when completing the job description and goals section. Once completed, sign it and have your supervisor sign it. Electronic signatures are acceptable. Upload the completed/signed form to the ICON dropbox by your 2nd week at work.

Supervisor Instructions: Please review this form and consult with the student on the completion of the job description and student goals section. When complete, please sign and date.

STUDENT INFORMATION

Name: _____ ID #: _____

Major: _____ UI GPA: _____ Assignment Term: Spring & Summer
Summer & Fall
Year in School: 1st 2nd 3rd 4th MS PhD U.S. Citizen: _____ Semester Only
Summer Only

Expected Graduation Date: _____ Visa Status (if applicable): _____

Personal Address on Assignment: _____

Home Address: _____

Iowa Email Address: _____ Cell Phone #: _____

EMPLOYER INFORMATION

Employer/Organization: _____

Supervisor: _____ Supervisor Phone #: _____

Supervisor Email: _____

Employer Address: _____

Company Website: _____

POSITION INFORMATION

Official Job Title: _____

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Number of Hours/Week: _____

Compensation (Select Pay Period/Insert Amount):

Hourly \$ _____ Weekly \$ _____ Bi-Weekly \$ _____ Monthly \$ _____

Stipend \$ _____ Housing Allowance \$ _____ No Salary _____ Other _____

Job Description and Your Goals: [May include the offer letter as a part of this section]

How did you obtain your co-op/internship? Direct Application Career Fair/Networking
 HireaHawk Personal Connection
 Other Previous Internship/Co-op

If other, please specify how: _____

UNDERSTANDINGS/RELEASE OF INFORMATION

Professional Conduct

- I understand it is my responsibility to find out from my internship site the specific details of my duties, work schedule, compensation and benefits.
- I understand that I will be subject to the rules and regulations of the internship site.

Financial Aid/Scholarships

- I understand it is my responsibility to check with the Office of Student Financial Aid regarding the impact of employment on scholarships and loans.

Academic Status

- I understand that I must maintain at least a 2.0 UI GPA to participate in the program.

Health Insurance

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

Unemployment Compensation

- I understand that as a student enrolled in a cooperative education/internship experience, I will not be eligible to file for unemployment compensation from The University of Iowa and may not be eligible to file for unemployment compensation from my internship site.

As a co-op/intern student, I agree to:

- Register for the appropriate co-op/internship course following an advising appointment with the director of the program to evaluate my admission into the College of Engineering Cooperative Education and Internship Program. I must adhere to all rules, policies, assignments, and procedures as set forth in the course syllabus on ICON.
- Fulfill my responsibilities to the co-op/internship program and the internship site.
- Notify the director of the program immediately of any changes after my assignment begins.

Authorizations:

- I hereby authorize, pursuant to the Family Education Rights and Privacy Act of 1974, the director of the program to review and release on my behalf to employers such information contained in my academic records and resume as is necessary to aid employers in assessing my potential and eligibility for a position.
- I give my permission to the director of the program to share information from my co-op/internship experience with other students, faculty and staff for professional purposes such as advising, curriculum planning and accreditation.

I verify that I have read and understand the entire contents of this agreement. I agree to accept and follow all stated policies and procedures.

AGREEMENT SIGNATURES

Student: _____

Date: _____

Supervisor: _____

Date: _____

INTERNATIONAL STUDENTS ONLY

Program Director: _____

Date: _____

Signature only needed for international students (F1/J1 and other visa categories). Students must upload this completed form and apply for CPT through the iHawk website to obtain legal work authorization.

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and ADA in the Office of Affirmative Action, (319)335-0705 (voice) or (319)335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa, 52242-1316.