



Cooperative Education Work Agreement

Co-op Plan (Check one.)

- ☐ **Plan A** (Traditional up to 12 months)
- ☐ **Plan B** (Alternating 3 semesters of work and school)
- ☐ **Plan C** (Parallel – work locally while attending TTU)
- ☐ **Plan D** (Summer only assignment)

Undergraduate Co-op Courses Beginning: _____

1st Semester - Co-op 2010	4th Semester - Co-op 4010
2nd Semester - Co-op 2020	5th Semester - Co-op 4020
3rd Semester - Co-op 2030	6th Semester - Co-op 4030

Graduate Co-op Courses Beginning: _____

1st Semester - Co-op 5010	4th Semester - Co-op 5040
2nd Semester - Co-op 5020	5th Semester - Co-op 5050
3rd Semester - Co-op 5030	6th Semester - Co-op 5060

Initial all items that are appropriate to your cooperative education work assignment:

- _____ I have attended a pre-work orientation and received a packet of materials where **ALL** instructions, questions, and requirements were addressed.
- _____ I understand I will be registered by the Center for Career Development each semester I am on assignment for the appropriate co-op course and pay fees by the deadline date **each** semester. I am on work assignment, **including** summer semester. I understand that each co-op course provides one hour of add-on credit that does not count toward graduation requirements.
- _____ My term report will arrive in the Center for Career Development by the deadline date on the Co-op Calendar. If it arrives one day late, I realize this will cause a Grade of “U” (Unsatisfactory).
- _____ If I decide to change my work assignment at any time, I **must** first notify the Center for Career Development for instructions **before** I take action.
- _____ I understand that while on assignment, my student loans may not be deferred because the federal government considers less than 6 hours (undergraduate) and 5 hours (graduate) as less than 1/2 time status and I may have to begin repayment of my student loans. It is my responsibility to check with Financial Aid to determine how it will affect my status as soon as I accept an assignment. NOTE: Lottery Scholarships are no longer available after 5 years have passed from the date of the student’s initial enrollment at any postsecondary institution.
- _____ If verification of my enrollment status as a co-op student is required by my insurance company, I will obtain this from the Office of Records and Registration, (931) 372-3317.
- _____ I will complete online sexual harassment prevention training and I will provide the Center for Career Development with proof of completion. Go to your Eagle Online account, click on the Student tab, and click on EverFi-Haven to access the required training.
- _____ I have been counseled on ethics in the workplace and proper time-reporting.
- _____ As an international student, I understand I am required to complete all paperwork required by the Office of International Education prior to beginning my co-op assignment.
- _____ I understand that as a co-op student, I am not eligible for any type of unemployment compensation when I end my assignment.

Employment

Details: Employer Name Employer Location (City, State) Semester Returning to School

Name: _____
(Print) Last Name First Name Middle Initial T Number

Signature: _____
 Student Date Career Center Representative Date

Signature: _____
 Financial Aid Representative Date

Signature: _____
 Academic Advisor or Department Chair (Dept. Chair signature required for graduate students) Date