



# Preliminary Report

**\*Complete this form within ONE WEEK of reporting to work and return to the Career Center.**

Name (Print) \_\_\_\_\_ T Number \_\_\_\_\_  
*Last Name First Name Middle Initial*

Email \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_

Supervisor Work #: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Start Date: \_\_\_\_\_ Work Hours \_\_\_\_\_ Days Per Week \_\_\_\_\_ Co-op Plan A B C D

Class Status SOPH JR SR Graduate Student Date Returning to School \_\_\_\_\_  
    \_\_\_\_\_  
Month/Year

Expected Graduation Date \_\_\_\_\_  
Month/Year

Job Duties: