

* Employers are asked to stamp and sign this form* Please send this form to cscro@rit.edu

STUDENT NAME: _____ E-MAIL: _____

I OBTAINED MY CO-OP IN THE FOLLOWING MANNNER (insert X):

- Through Career Services Office.
- Through acquaintances (family, friends).
- Through previos co-op.
- Through employment web sites (ie.posao.hr)
- Through campus networking event (CED, Guest lecture, Conference, etc.)

STUDY PROGRAM and CO-OP EMPLOYMENT TERM (insert X):

- International Business
- Information Technology
- International Hospitality and Service Management
- Fall
- Spring
- Summer

EMPLOYMENT DATES: from _____ to _____

POSITION: _____ WORK HOURS: _____ /week

BRIEF POSITION DESCRIPTION: _____

COMPANY and DEPARTMENT: _____

MENTOR: _____ POSITION: _____

CONTACT PERSON: _____ POSITION: _____

COMPANY PHONE: _____ EMAIL: _____

** Mentor: By filling out the above personal information I acknowledge that these are to be shared with RIT Croatia for the purpose of checking student co-op and performance and will not be used for any marketing purposes.*

COMPANY ADDRESS: _____

ADDRESS OF STUDENT CO-OP: _____

** If student will conduct co-op from different offices/locations in different time periods it is necessary to submit the exact agenda attached to this registration form.**

Signatures:

Student signature: _____ Company signature : _____

Company Stamp: _____ Date: _____

** Student: By signing this document, I acknowledge that the information in this document is collected for the purpose of completing the degree requirements at RIT Croatia and that the data from this file will be shared with RIT, NY.*

*This letter hereby confirms that the above student enrolled at RIT Croatia will fulfill co-op experience as required by RIT Croatia at our company. **