



Cooperative Education Office
2039 Kennedy Boulevard, Vodra Hall 101
Jersey City, New Jersey 07305
(201) 200-3005/6
1-800-624-1046

TO: _____

FROM: _____

RE: _____

DATE: _____

The purpose of this memorandum is to inform you that the following faculty member has been appointed as your cooperative education coordinator. You should contact this person immediately and work out the details of your additional co-op requirements. You will be responsible for keeping your faculty coordinator aware of all facts of the work experience, for completing a term paper or project, and for complying with whatever other directives may be issued to you. Cooperative students are also required to submit learning agreements. Schedule a meeting with your faculty coordinator and employer to discuss the learning objectives.

Faculty Coordinator _____ Phone _____

Co-op Placement Coordinator _____ Phone _____

If you have not registered for both co-op courses, please do so right away. The registration numbers are as follows:

_____ Cooperative Education _____ Semester Hours

_____ Seminar in Co-op Education _____ Semester Hours

Cooperative Students are also required to submit learning agreements. Schedule a meeting with your faculty coordinator and employer to discuss the learning objectives.

If you have additional questions, please contact your co-op placement coordinator or the Associate director for cooperative education at (201) 200-3005/6.

Note: Please fill out and return the attached learning agreement within 2 weeks.

