



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

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: Cooperative Education Grades

The cooperative education assignment for the following student is nearing completion. As his/her coordinator, it is your responsibility to assign the final grades. Would you please indicate the grades in the spaces provided and return this form to the Cooperative Education Office, in Vodra Hall 101, first floor by \_\_\_\_\_.

Thank you for your cooperation.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Assignment Period:

From \_\_\_\_\_ To \_\_\_\_\_

Cooperative Education Grade:      Pass/Fail \_\_\_\_\_      Semester Hours \_\_\_\_\_

Seminar in Cooperative Education Grade:      A through F \_\_\_\_\_      Semester Hours \_\_\_\_\_

Signature of Coordinator \_\_\_\_\_