

Cooperative Education & Internship Program
Career Services, 1140 Centennial Hall
Phone: (608) 785-8570
Fax: (608) 785-8518
Email: wilson.maur@uwlax.edu
www.uwlax.edu/careerservices



STUDENT/EMPLOYER WORK AGREEMENT

PLEASE NOTE: This form must be returned to Career Services the first week of work assignment or registration will be cancelled.

Student Intern Name _____

Current Street Address _____ Phone # (____) _____

City, State, Zip Code _____ Email _____

Semester of Assignment: Fall, 20____, J-Term, 20____, Spring, 20____, Summer, 20____

Internship Employer/Organization _____ Phone # (____) _____

Street Address _____ City, State, Zip Code _____

Intern's Job Title _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Email Address _____

Paid: Yes _____ No _____ If Paid, Rate of Pay \$ _____/hr. Hours per Week _____

Please indicate the times you will be working:

Monday _____:_____ to _____:_____ Thursday _____:_____ to _____:_____

Tuesday _____:_____ to _____:_____ Friday _____:_____ to _____:_____

Wednesday _____:_____ to _____:_____ Check only if hours are irregular _____

On what date does your internship begin? _____

On what date does your internship end? _____

Beginning and ending dates and a work schedule have been agreed upon by both the employer and the student. Please sign below to verify agreement.

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Please return to: Cooperative Education & Internship Program, Career Services, Room 54, Cartwright Center, UW-La Crosse, La Crosse, WI 54601. FAX# (608) 785-8518