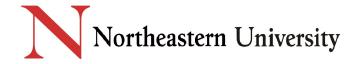
Student Employment Office 101 Curry Student Center Northeastern University 360 Huntington Ave, Boston, MA 02115



Phone: (617) 373 – 3200 Fax: (617) 373 - 5175

Law School Cooperative Education Placement Sheet											
Funding Source: (Select C	ne)		WORK-ST	UDY			UNIVERSITY FUNDED				
Year of Graduation				C-II		C-III	С	:-IV	C-	V	
Quarter (Select One)	FALL			WINTER		SPR	ING		SUI	MMER	
STUDENT INFORMATION											
STUDENT'S NAME NUID #											
STREET ADDRESS						CITY S			STATE	ZIP	
DUONE					FMAIL ADDRESS						
PHONE					EMAIL ADDRESS						
Co-op Advisor (Co-op Office):					 Email: Ext:						
POSITION INFORMATION POSITION TITLE											
			1 0311	1011 11122							
DEPARTMENT / AGENCY					START DATE			END DATE			
, -											
ACCOUNT CODE (LEAVE BLANK IF WORK-STUDY FUNDED)					ADDRESS						
PAYRATE	MAX	MAX. HOURS			CITY			STATE ZIF		CODE	
PRIMARY TIMESHEET SUPERVISOR (at the Co-op)					SECONDARY TIMESHEET SUPERVISOR (REQUIRED)						
PHONE NUMBER & EMAIL					PHONE NUMBER & EMAIL						
CIONATURES											
SIGNATURES Lithe student, hereby asknowledge that the above information is correct. Lagrage to be held responsible for											
I, the student, hereby acknowledge that the above information is correct. I agree to be held responsible for my participation in this co-op position. I agree to submit my timesheets on a weekly basis, according to the											
deadlines set forth by the Student Employment Office. I understand that I do not get compensated for any											
hours not worked, including sick time, jury duty and/or vacation. I will be sure to adhere to the maximum											
hours allotted per week a	and will not	work (over that a	mount.							
Student Signature							Date	ļ			
I, the Co-op Office Representative, hereby acknowledge that I have reviewed and assured its completion in its											
entirety to the best of my	/ knowledge	. Any	changes to	this infor	mation	will be	submitte	ed in w	riting th	rough a	
new Co-op Placement Sheet. I reminded the student that they must stay within the hourly maximum per											
week, and that there is n	o compensa	tion fo	or hours no	ot worked,	includi	ing, but	not limit	ted to,	sick time	e, jury	
duty and/or vacation.											
Co-op Coordinator's Signature						Date			Ext.		
		OR ST	UDENT EMF	PLOYMENT	OFFICE	USE					
I-9 D-D I	RCVD BY						Date				