

STUDENT EVALUATION  
OF  
COOPERATIVE EDUCATION

Name: \_\_\_\_\_ Bronco #: \_\_\_\_\_

Major: \_\_\_\_\_ Hourly rate of pay: \_\_\_\_\_

Class Standing: \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Masters

Name of Employer: \_\_\_\_\_

Mailing Address of Employer: \_\_\_\_\_

Immediate Supervisor: Dr. / Mr. / Ms. \_\_\_\_\_  
(circle appropriate)

Assigned Duties: (This information should be concise and descriptive of all basic duties):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many quarters have you had this Co-op position? \_\_\_\_\_

Will you still hold your Co-op position next quarter? \_\_\_\_ Yes \_\_\_\_ No

If no, please check the appropriate reason: \_\_\_\_ I graduated \_\_\_\_ Assignment ended

If other reason, please explain: \_\_\_\_\_

If you are not continuing, what was the date of your last day worked? \_\_\_\_\_

How can the Office of Cooperative Education be more helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After careful consideration, do you feel that this experience had educational and/or training value? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional, informative, comments you might have for a fellow student and/or faculty would be appreciated. Please add these to the back side of this page.

Student Signature: \_\_\_\_\_