



Valdosta State University

Cooperative Education

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A Regional University of the University System of Georgia & an Equal Opportunity Institution

CO-OP APPROVAL FORM

INFORMATION RELATIVE TO F-1 & J-2 STUDENTS ACCEPTED FOR COOPERATIVE EDUCATION
WORKASSIGNMENTS - FINAL APPROVAL TO BE GIVEN BY THE OFFICE OF INTERNATIONAL PROGRAMS

TO: Ms. Lauren Braun
Foreign Student Advisor

FROM: Ann Stone, Assistant Director of Cooperative Education

DATE: ___/___/20__

SUBJECT: Co-op Student: _____
Student ID #: _____
Academic Major: _____

NAME OF EMPLOYER: _____

NAME OF MANAGER: _____

ADDRESS OF EMPLOYER: _____

CITY STATE ZIP

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

JOB DESCRIPTION: _____

BEGINNING DATE OF WORK ASSIGNMENT: ___/___/20__

ENDING DATE OF WORK ASSIGNMENT: ___/___/20__

ALTERNATING CO-OP: ___ PARALLEL CO-OP: ___ PART TIME INTERN: ___ FULL TIME INTERN: ___

APPROXIMATE NUMBER OF HOURS PER WEEK: _____

_____/_____/20__
Signature of Foreign Student Advisor

_____/_____/20__
Signature of Co-op Assistant Director

[] Original - Student's File [] Copies - OIP and Student