MADONNA UNIVERSITY

36600 SCHOOLCRAFT ROAD. LIVONIA, MICHIGAN 48150
Career Services Office: 734/432-5623

JOB DESCRIPTION

TO THE STUDENT: Confirm the following information about your Co-op/Internship placement and promptly return this form to the Career Services Office at Madonna University.

STUDENT

Last Name First Middle ID # Term

Address during Co-op

Number Street City & State Zip Code Telephone

E-Mail _____ Alternate Telephone Number _____

EMPLOYER

Name of Firm/Agency/Institution Name of Supervisor & Title

Number Street City & State Zip Code Telephone

POSITION

List in detail your responsibilities and duties. If necessary use the reverse side.
(If available, attach written job description.)

COMPENSATION

Rate of Pay: $ _____ per _____.

Stipend/Scholarship $ _____

Non-paid Placement: _____

Other: _____

WORK SCHEDULE

Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Other: _____