

ME CO-OP EMPLOYER TRANSITION FORM

(To be submitted by Student to Purdue ME Co-op Coordinator as soon as possible following the decision to transition to a second co-op employer.)

Date: _____

Student Name: _____

PUID: _____

Co-op Employer 1: _____ Division: _____

Address: _____
City State Zip Code

If second co-op employer is known, complete this information **and submit offer letter from second co-op employer.**

Co-op Employer 2: _____ Division: _____

Address: _____
City State Zip Code

Number of Co-op Work Sessions to be completed with Co-op Employer 1: _____

Timing of Co-op Work sessions with Co-op Employer 1: _____

Number of Co-op Work Sessions to be completed with Co-op Employer 2: _____

Timing of Co-op Work Sessions with Co-op Employer 2: _____

I understand I may only change co-op employers once and must complete a minimum of three co-op work sessions (minimum of one work session in fall/spring).

I understand it is my responsibility to inform Co-op Employer 1 in writing as soon as possible following the decision to transition to a second co-op employer. Please copy the ME Co-op Coordinator on your email correspondence with Co-op Employer 1.

Student Signature: _____

Student Name: _____

Date: _____