



**American University in Kosovo  
Rochester Institute of Technology**

**Co-operative Education  
Work Experience Registration Form**

**Student**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Current Year Level: \_\_\_\_\_  
 Concentration: \_\_\_\_\_ Co-op Quarter: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Employer**

Organization/Company: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Working Department: \_\_\_\_\_  
 Company Information: Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
 Web Page: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_  
 Pay(Euro/hour): \_\_\_\_\_ Hours/week: \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

How did you hear about this Co-Op:  Co-Op and Career Services  
 Family/Friends  
 Newspaper  
 Networking  
 Other (specify): \_\_\_\_\_

**PLEASE ATTACH A DETAILED JOB DESCRIPTION**

Is this Co-op your current employment:  Yes  No

**You must complete this form at least one week before the beginning of the academic quarter in which you are completing your Co-op. Please print clearly. Submit this form immediately to the AUK Co-op & Career Services. All Co-ops must be approved by the Head of Co-op and Career Services. A notification of approval or disapproval will be sent by e-mail within a week.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Head of C&CS Signature: \_\_\_\_\_