

FACULTY APPROVAL / JOB DESCRIPTION

UNIVERSITY RECOGNITION PROGRAM
CAREER AND EMPLOYMENT SERVICES
100 HOLTZ HALL, MANHATTAN, KS 66506-1701
(785) 532-1689 FAX: (785) 532-6802
CES@KSU.EDU WWW.K-STATE.EDU/CES

CES OFFICE USE ONLY

- | | |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Add New Placement | <input type="checkbox"/> Faculty Approval Date |
| <input type="checkbox"/> Placement Info | <input type="checkbox"/> Organization Name |
| <input type="checkbox"/> Work Information | <input type="checkbox"/> AD Signature |
| <input type="checkbox"/> GPA/Hours | <input type="checkbox"/> Submit to KSU Depts |
| <input type="checkbox"/> Major | <input type="checkbox"/> Confirm with Registrar |

Information must be typed or clearly written.

Name: _____ Wildcat ID (9 digit): _____
Last First MI

Major(s): _____ Semester(s) on UR Program: ___ Fall ___ Spring ___ Summer

E-Mail Address: _____ Current Phone Number: _____

Employer: _____ Supervisor: _____

Employer Address: _____
City State Zip

Employer Phone: _____ Employer E-mail: _____

Intern/Co-op Job Title: _____ Salary _____

Start Date: _____ End Date: _____

General Description of Duties: (may attach as separate sheet if desired):

I, the Faculty Liaison agree to:

- Attest that the proposed attached internship/cooperative education job description is relevant to the student's academic program of study
- Provide relevant information to student regarding enrollment for returning semester
- Provide relevant information to student regarding dropping classes for semester (if applicable)

Signature: _____ Faculty Liaison: _____
(print clearly or type name)

Is this experience for academic credit? ___ Yes ___ No

If yes, please list Department and Course Number: _____ Number of Credit Hours: _____

ACADEMIC REQUIREMENTS FOR CREDIT

Please identify criteria for Faculty Liaison's Evaluation (reading, journal, paper, research, meetings with faculty, oral presentation):

I, the student, understand that:

- Documents submitted by me or at my request/direction shall become the property of CES
- My signature serves as proper release for all other documents required to be submitted by me as part of the University Recognition Program, including: Interim Report, Learning Objectives Agreement, Employer Performance Review, and Final Report.

Signature : _____ Student: _____
(print clearly or type name)

YOU MUST ACTIVATE YOUR ACCOUNT WITH CES PRIOR TO YOUR WORK EXPERIENCE! LOG ON TO WWW.K-STATE.EDU/CES AND SELECT 'MY CES ACCOUNT' TO GET STARTED.