

Coop Posting—Intake Form

Eastern Michigan University

Employer's Name: _____ Phone: _____

Contact Person: _____ Fax: _____

Address: _____

Web Address: _____ Email: _____

Position Title: _____ Pay Rate: \$ _____ / _____

Hours: _____ Start Date: _____ Length _____

Responsibilities: _____

Requirements: _____

Majors requested: _____

Other comments: _____
