

**E. PHILIP SAUNDERS COLLEGE OF BUSINESS  
GRADUATE  
CO-OP REGISTRATION FORM**

**PLEASE PRINT!!!**

QTRS. YOU WILL CO-OP \_\_\_\_\_

Student Name \_\_\_\_\_  
(Last) (First)

MBA Concentration \_\_\_\_\_ Program Code \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street \_\_\_\_\_  
While on Co-op \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_  
Phone: Day( ) \_\_\_\_\_ Evening( ) \_\_\_\_\_

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**CO-OP EMPLOYER**

Employer's Product/Service \_\_\_\_\_

Address of Employer: Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor or Person to  
Contact at Place of Employment \_\_\_\_\_

Contact's Title \_\_\_\_\_ Phone( ) \_\_\_\_\_

Co-op Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Work Hours per Week \_\_\_\_\_

Salary \_\_\_\_\_ per hour \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

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**NOTE: All co-op registration forms MUST be approved by the Graduate Programs Office.**

1. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Students with an F or J visa MUST have written authorization from an RIT Foreign Student Advisor to work in the United States.**

**Please Note:**

- Should you fail to register according to the date as noted, you may risk losing co-op credit.
- It is your responsibility to drop courses you are registered for.
- **Incomplete grades are assigned until a satisfactory report is completed. (After two quarters, the Incomplete grades become permanent Fails.)**

**DEADLINE FOR REGISTRATION**  
**Last Day of Add/Drop Each Quarter**