

**OLYMPIC COLLEGE  
COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM**

*Co-op Faculty Advisor Paperwork Checklist*

DATE: \_\_\_\_\_ FACULTY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STUDENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**Employer Information**

QTR	EMPLOYER	SUPERVISOR	TELEPHONE

**Please see quarterly Co-op Work Experience syllabus for paperwork due dates.**

QTR	APPL	TRAN	LOBJ	STUD EVAL	EMPL EVAL	JOUR	LOG	EMPL CONT	POS DESCR	FAC EVAL

**On-site Visitations**

QTR	DATE	CITY	MILEAGE (round trip)	PARKING (enclose receipt)	COMMENTS

**Additional Comments**

QTR	DATE	CONCERNS