

Internship and Co-op Verification of Training

We (Company Name)		
Company address		
	ent will work	
Agree to have (Student Name)		Student's major
Work on an internship / co-op assignme	ent in (position title)	
From (date)	to (date)	
For (hours / week)	at (rate of pay)	
Job responsibilities include:		
Representative of Company (Print Nan	ne)	
Signature		
Phone Fax	c Email	
Street Address		
I (student name) provisions stated above. I also agre	agre e to adhere to the policies of Oakland Commu	ee to work as an intern/co-op student under the unity College.
Student Signature		Date
Faculty Supervisor/Coordinator Sigr	nature	Date
Faculty Supervisor/Coordinator		
Email		
Phone		