



Center for International Programs, Suite 61 McDonald North, Bowling Green, Ohio 43403-0029, Tel: (419) 372-2247, Fax: (419) 372-2429

CO-OPERATIVE EDUCATION VERIFICATION FORM

DATE: \_\_\_\_\_

TO: CO-OPERATIVE EDUCATION OFFICE

This letter verifies that Mr./Ms. \_\_\_\_\_ has been to our office and is interested in participating in a cooperative education experience.

Student ID#: P \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- [ ] This student is in valid F-1 status and is eligible to work on campus only.
[ ] This student is in valid F-1 status and is eligible to participate in a cooperative educational experience provided it falls under the category of CPT / OPT under USCIS regulations.
[ ] This student is currently out of status and not eligible to work on or off campus.

Paul N. Hofmann, Director, Center for International Programs

DATE: \_\_\_\_\_

TO: CENTER FOR INTERNATIONAL PROGRAMS

This letter verifies that Mr./Ms. \_\_\_\_\_ has arranged to do a co-op through our office with \_\_\_\_\_ name of employer. This student will be employed \_\_\_\_\_ hours per week beginning \_\_\_\_\_ Co-op Start Date and ending \_\_\_\_\_ Co-op End Date.

Address of employer: \_\_\_\_\_ Street Address
\_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code

Name and Title of Training Supervisor: \_\_\_\_\_

Training Supervisor's Telephone Number: \_\_\_\_\_

Co-operative Education Office