

**Eastern Connecticut State University**  
**Center for Internships and Career Development**  
83 Windham Street, Willimantic, CT 06226  
(p) 860-365-4559 (f) 860-465-4440 career@easternct.edu

**CO-OP EMPLOYER VERIFICATION FORM**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ ID/#: \_\_\_\_\_ Major: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER INFORMATION:**

Name of Company: \_\_\_\_\_  
Department/Division (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CO-OP POSITION INFORMATION:**

Title/Role: \_\_\_\_\_ Department: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
mm/dd/yy mm/dd/yy  
Salary: \_\_\_\_\_ Total Internship Hours: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide your individual responsibilities and nature of the duties you will be performing in your Co-Op:

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