

Cedarville University Assignment Record

To be filled out by the student

Name _____				Date _____	
Address for Work Term _____					
Address		City	State	Zip Code	
Phone Number for Work Term _____				Course Number _____	
Date Co-Op Starts _____		Ends _____		Co-Op Semester ____ Fall ____ Spring ____ Summer	
Co-Op Employer _____					
Co-Op Employer Address _____					
Address		City	State	Zip Code	
Supervisor _____			Title _____		
Supervisor Phone Number _____			Email _____		

<p>List your employer's goals and objectives and training planned for you during your work term: (Please complete with your supervisor.) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Return this form by postal or electronic mail
no later than the third week of the work term to:**

Cedarville University
251 North Main Street
Cedarville, OH 45314
Phone: (937) 766-7876
Email: Career@cedarville.edu