

Manufacturing Technology MANT 285 Manufacturing Coop

Name: _____

Student ID: _____

Company you work for: _____

Company Address/Location: _____

Hours worked per week: _____

Position Held: _____

Immediate Supervisor: _____

Credits signed up for: _____

I understand the grade I earn in this course is based on my attendance and completing the weekly reports and turning them in.

Student Signature: _____ Date: _____

Instructor Supervisor: _____ Date: _____

Comments: _____

