



Experiential Learning Position Information Sheet

To post a co-op or internship with the Office of Experiential Learning, please complete the following information and return it to our office. Please call (407) 823-2667 with any questions. Thank you!

FAX Information to (407) 823-1001.

COMPANY NAME and ADDRESS

Date:

City:

State:

Zip:

NAME and TITLE of CONTACT PERSON

Phone

Fax

E-mail Address

BRIEF DESCRIPTION OF WHAT YOUR COMPANY DOES (Industry:_____)

POSITION SPECIFICATIONS

Position Title:

of Openings:

of Hours per week:

Work Hours:

Salary (or range):

Job Description:

Skills and Requirements:

Is this position an internship (1 semester) or a co-op (2 semesters, must be paid)?

INTERNSHIP

CO-OP

STUDENT SPECIFICATIONS

Major(s):

Minimum GPA (if any):

Class Status: (check all which are acceptable) Soph. Jr. Sr. Grad.

Citizenship: (check all which are acceptable)

U.S. Citizen Permanent Resident F-1 Visa