

CALIFORNIA MARITIME ACADEMY

A CAMPUS OF THE CALIFORNIA STATE UNIVERSITY

CO-OP SPONSOR FORM

Name of Company: _____ Department: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax #: _____ Email: _____

Will you be sponsoring a Co-op student this summer?

____ Yes, I would like to participate

____ No, but I want to learn more about the Summer Co-op Program.

____ No, but I want to learn more about On-Campus Recruiting to hire your graduates.

Co-op Job Information

Briefly describe the co-op position: _____

Is any special training or certification required for this position? _____

What are the application procedures? _____

Where is the co-op located? _____ What is the stipend? _____

Is housing/transportation included? _____ What are the work hours? _____

How many Engineering students would you be willing to sponsor? _____ Business? _____

Please fax to 707.654.1073

If you have any questions please call James Dalske, Co-op Coordinator, at 707.654.1194