Cooperative Education Program
Attendance Verification Form

Fax this sheet back to the co-op office on the **FIRST DAY** of co-op, signed by both you and by one of the following people:

1. Human Resources
2. Executive Chef
3. Immediate Supervisor

or you will be dropped from the term;

______________________________
Supervisor Signature

______________________________
Supervisor Print Name

______________________________
Student Signature

______________________________
Student Print Name

PLEASE PRINT

Host Company Name: _______________________________

______________________________
Supervisor Signature

Title

Date

Supervisor Print Name

______________________________
Date Started

Date Signed

Student Print Name

Please fax to:
Johnson & Wales University
Career Development Office

Friedman Fax 401-598-1865

John Hazen White Fax 401-598-2266