

Fall 2003 Co-op Time Sheet

Must be received in our office by December 5th, 2003

Student Name: _____ Name of Company: _____
 Address: _____ Address: _____
 Social Security # : _____
 Phone: _____ Phone: _____
 Major: _____ Supervisor's Signature: _____
 Semester: _____ Student's Signature: _____

Return to: **Eastern Kentucky University**
Cooperative Education
SSB 455 CPO 61
Richmond, KY 40475
Phone (859) 622-1296 Fax (859) 622-1300

Start Date: **August 20th, 2003** Fall _____
 End Date: **December 16th, 2003** Spring _____
 Summer _____

Will you continue to work next semester: Yes _____ No _____
Please contact the Co-op office if yes.

Number of Hours Worked			
Week	Start Date	Ending Date	Hours Worked
1	20-Aug	22-Aug	
2	25-Aug	29-Aug	
3	1-Sep	5-Sep	
4	8-Sep	12-Sep	
5	15-Sep	19-Sep	
6	22-Sep	26-Sep	
7	29-Sep	3-Oct	
8	6-Oct	10-Oct	
9	13-Oct	17-Oct	
10	20-Oct	24-Oct	
11	27-Oct	31-Oct	
12	3-Nov	7-Nov	
13	10-Nov	14-Nov	
14	17-Nov	21-Nov	
15	24-Nov	28-Nov	
16	1-Dec	5-Dec	
17	8-Dec	12-Dec	
18	15-Dec	16-Dec	
Total Hours Worked for Spring 2003			0