



Communications, Education & Public Affairs Division  
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# COOPERATIVE EDUCATION PROGRAM

## SCHOOL VERIFICATION LETTER

This letter verifies that \_\_\_\_\_ is officially enrolled in the  
*Student Name*

Coop Program at \_\_\_\_\_  
*College/University*

This letter also verifies that the above mentioned student is officially enrolled full-time and is  
expected to graduate in \_\_\_\_\_  
*Month/Year*

with a \_\_\_\_\_ degree in \_\_\_\_\_  
*Degree Type Major*

On the first day of the above mentioned student's employment, his/her academic level will be:

\_\_\_\_\_  
*Freshman, Sophomore, Junior, Senior, Master's, Ph.D.*

Signature of School Official: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

University: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed form to the above address.**