



CO-OP/INTERNSHIP APPLICATION

Please Check Summer Fall Spring

Name _____ Phone _____
 Address _____ Cell _____
 City _____ State _____ Zip _____
 Student ID _____ E-mail _____
 Transportation _____ Financial Aid Recipient _____

Student Statement

I am officially enrolled in the _____ program and wish to participate in the Co-op/Internship course. If accepted, I will abide by all the rules and regulations of the college and the employer.

I have completed _____ credits and have a cumulative average of _____.

Please list required courses for you major which you have completed.

Please list courses which you are currently enrolled in.

Hours Available for <u>Co-op/Internship</u>

Applying for Co-op/Internship _____ Full Time Part Time _____
 _____ Are you interested in a non-paid internship?
 _____ Are you applying your own job to Co-op/Internship?

Job Preference _____

Additional Comments _____

Placement _____

I understand that as a Co-op/Internship student I am responsible for fulfilling specific written requirements as designated by the Instructor.

Student's Signature _____ Date _____
 Instructor's Signature _____ Date _____
 Co-op Coordinator Signature _____ Date _____