



CO-OP/INTERNSHIP APPLICATION

Please Check Summer Fall Spring

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

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 _____
Are you applying your own job to Co-op/Internship? _____

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.

Instructor Signature _____ Date _____
Co-op Coordinator Signature _____ Date _____