



## 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? \_\_\_\_\_

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\_\_\_\_\_

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 \_\_\_\_\_