

Internship/Cooperative Education Student Application

Name: _____ Date: _____
Social Security #: _____ Date of Birth _____
Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____ E-mail: _____

Program Area and Course#: _____ Instructor: _____
Date of Enrollment: _____ Terms Completed to Date: _____
Term: _____ Date Term Begins: _____ Date Term Ends: _____

Are you receiving educational benefits? If yes, please check below:

Voc-Rehab VA Financial Aid Scholarship
 Other (please specify): _____

Education (List name of school and degree/diploma received): _____

INTERNSHIP/CO-OP INFORMATION

Company or Business

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____ Work Schedule: _____
Supervisor's Name: _____ Phone: _____ Ext: _____
Email Address: _____

I hereby authorize representatives of the Career and Work Experience Center to obtain an official transcript of my credits and exchange progress information with my on-the-job supervisors.

Student Signature: _____ Date: _____

Instructor Recommendation: (Please check one)

Recommended Not Recommended

Explanation: _____

Instructor's Signature: _____ Date: _____

Coordinator Approval: Yes No

Explanation: _____

Coordinator's Signature: _____ Date: _____