

COOPERATIVE EDUCATION INFORMATION FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

SOCIAL SECURITY/STUDENT I.D. NUMBER _____

HOME TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

MAJOR/PROGRAM _____

Optional: ___ Male ___ Female Ethnicity: _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP _____

STUDENT'S JOB/INTERN TITLE _____

TOTAL HOURS PER WEEK _____ RATE OF PAY _____

NAME OF JOB SUPERVISOR _____

SUPERVISOR'S TELEPHONE NUMBER _____

Office Use Only

_____ Section _____ Credits _____ W/S _____ QTR _____

Faculty Coordinator _____ Enrollment Date _____

_____ weeks/quarter = _____ quarterly earnings GRADE _____