Cabrini College Office of Cooperative Education & Career Services

COOPERATIVE EDUCATION APPLICATION

Semester_____Year_____

Name_____ GPA_____

ID#_____ Co-op Credits Requesting: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Cell Phone _____-_____-_____ Co-op Credits Earned _____

Campus Box #/Local Address_____

Permanent Address_____

Permanent Phone_____

Email _____

RACIAL/ETHNIC INFORMATION (For reporting purposes only)

Please mark each that applies to you.

☐ African American or Black

☐ Asian, Asian American, or Pacific Islander

☐ Puerto Rican

☐ American Indian or Alaskan Native

☐ Mexican American/Chicano

☐ Biracial

☐ Caucasian

☐ Latin, South, or Central American or Other Hispanic

☐ Other_____

Are you a U.S. citizen?

Yes ☐ No☐

If no, complete a, b, and c in the next column.

a) Country of Citizenship

_____

b) Country of Birth

_____

c) Type of Visa

☐ F1 (student visa)

☐ Permanent Resident on "green card"

☐ Other_____

EDUCATION

☐Sophomore ☐Junior ☐Senior

Expected date of graduation _____

Major_____

Minor_____

Are you a transfer student? ☐ Yes ☐ No

Transfer Credits _____

Cabrini credit hours completed _____

Are you a financial aid recipient? ☐ Yes ☐ No

Other College(s) attended:

_____

(name) (city, state) (dates attended) (degree or major)

_____

(name) (city, state) (dates attended) (degree or major)

Extracurricular Activities_____

_____

Special Skills (*e.g.*, computer languages, typing, foreign languages; be specific) _____

_____

Do you have a car? ☐ Yes ☐ No Will you need to drop a class? Yes ☐ No ☐

How were you referred to Co-Op? _____

CO-OP EMPLOYMENT INFORMATION

STUDENT AGREEMENT

- I grant permission for the Cooperative Education Office to release my résumé and/or application information to any potential employer.
- I understand that by accepting an employment position through the Cooperative Education Program, it is my responsibility to register and pay for the Cooperative Education course including any related fees and/or charges.
- I understand that I am responsible for dropping any courses I do not intend to take because I have accepted this co-op placement.
- Upon accepting a Cooperative Education position, I agree to contact my assigned faculty coordinator and fulfill specific written requirements as designed by the faculty coordinator and the Cooperative Education Office.

_____

Student's Signature Date

ACCEPTANCE OF EMPLOYMENT AND REGISTRATION

Signature attests to the fact that I agree that should I be offered and do accept a position for which I was referred and/or assisted by the Co-op Program, I must accept registration for Co-op Education credit and the accompanying tuition charges and will fulfill all academic obligations as stipulated by the program. Furthermore, I will not initiate early termination of employment or change any aspect of the registration contract without the written consent of the Director of the Cooperative Education Program. Finally, I attest that such an action will result in a termination of my future participation in the program.

_____

Student's Signature Date

FACULTY COORDINATOR AGREEMENT

I agree that this student can benefit from and contribute to a cooperative work experience.

_____

Faculty Coordinator's Signature Date

DEPARTMENT CHAIR AGREEMENT

This student is eligible to participate in Cabrini College's Cooperative Education Program.

_____

Department Chair's Signature Date