

COOPERATIVE EDUCATION INTEREST FORM



Name: _____

Local Address: _____

City/State/Zip: _____

University Housing:

Yes No

Residency:

PA Resident Non-resident

Local /cell#: _____

Primary email: _____

Secondary email _____

Peoplesoft: _____

Permanent Address: _____

City/State/Zip: _____

Home Phone#: _____

Year in school: Freshman Sophomore Junior Senior # Credits earned: _____

Financial aid? Yes No

Your Major: _____ Cumulative GPA: _____

Special Interests within Your Major: _____

Have you transferred any credits from another campus or institution? Yes No

If yes, please indicate the campus(es) or institution(s) where you have credit(s) and the # of credits:

_____ # of credits: _____

Financial Aid? Yes No

Term Available for Employment:

Spring (January – April) Year _____

Summer (May – August) Year _____

Fall (September – December) Year _____

Geographic Restrictions: Yes No

I prefer to work in the following region(s)/location(s): _____

Citizenship (check one):

Permanent Resident Alien U.S. Citizen Non-Immigrant*

*If Non-Immigrant, indicate your status/visa type: _____

Car available? Yes No

I am covered under my parent's insurance policy or have an individual insurance policy: Yes No

Are there any co-op employers you're interested in? Limit your choices to four:

1. _____
2. _____
3. _____
4. _____

Optional: Are there any other companies you're interested in (that are a non co-op partner)? Provide the company name, location and phone number:

- | | | | |
|----|-------------|-----------------|----------------|
| 1. | Name: _____ | Location: _____ | Phone #: _____ |
| 2. | Name: _____ | Location: _____ | Phone #: _____ |
| 3. | Name: _____ | Location: _____ | Phone #: _____ |
| 4. | Name: _____ | Location: _____ | Phone #: _____ |

Statement of Understanding

1. I understand and agree that upon accepting a Co-op position, I will complete my work assignments in full insofar as I am able. I have read the student handbook and am in agreement with co-op policies and practices.
2. I agree to register for the appropriate class offering prior to beginning a Co-op work period and to pay the appropriate University fees to maintain my student status. Additionally, I agree to complete evaluations and notify the office of any problems during the co-op term. I understand that I am obligated to pay the co-op fee for the first 3 rotations and do not have the option of changing my status from co-op to intern.
3. I hereby authorize, pursuant to Section 438(b) 4(b) of the Family Educational Rights and Privacy Act of 1974, the Co-op Office to obtain and to release on my behalf to actual and prospective employers such information contained in my academic records as necessary to aid such employers in assessing my potential and eligibility for Co-op positions. I understand that it can be normal policy of the Co-op Office to furnish grades of participating students each semester to their co-op employer.
4. I have a responsibility to report any part-time or summer only offers to the co-op office.

Please note that there are companies that post co-op positions and require co-op applicants to submit their information online. You are encouraged to be proactive, to seek out opportunities, and to apply to those that meet your interests as well as the criteria of this program. If you do apply to a co-op position online, please let the Co-op Office know.

I have read and agree to the Statement of Understanding, and have submitted the Co-op Interest Form completely and honestly.

Student Signature:

Co-op Coordinator
Signature:

Date: