COOPERATIVE EDUCATION APPLICATION

Are you 18 years old or older? Yes ☐ No ☐ Are you eligible to work in the US? Yes ☐ No ☐

Student ID #: ☐☐☐☐☐☐☐ **Program of Study:** _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone #:** _____ **Cell Phone #:** _____

Education

Name and Location of School	Expected Degree	Expected Graduation Date
Central Piedmont Community College Charlotte, NC 28204	☐ Associates Degree ☐ Diploma ☐ Certificate	

Employment (ONLY complete this section if you are doing your Co-op with your current employer)

Employer Company Name and Location (City and State)	Job Title	Supervisor Name	From	To

Statement of Understanding

In signing this application, I hereby grant permission to, pursuant to Section 438(b) 4(B) of the Family Education Rights and Privacy Act of 1974, the Cooperative Education Office to obtain copies of my academic transcripts and grade reports. In addition, I grant the Cooperative Education Office permission to forward to any co-op employing organization, my academic grades and any information the college may deem necessary to assist me in securing employment, to all actual and prospective employers.

I understand that the information I have provided here (co-op application) will be revealed to an employer/work site supervisor and other Central Piedmont Community College faculty during the process of arranging a Co-op work experience.

I understand that Cooperative Education is a graded, credit/tuition course. I agree to register and pay for tuition as I would any other class.

I understand that Cooperative Education is a graded, academic class. I agree to register and pay tuition as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit, 320 hours for 2 credits or 640 for 4 credits. I understand that I am expected to complete the necessary hours for my Co-op and work throughout the semester.

I understand that information given to me by the Co-op Coordinator about current paid Co-op positions should not be shared with other students or community members to ensure work-site confidentiality.

By signing, I state that I understand and accept the above statements:

Student Signature: _____ Date: _____

Email: co-op@cpcc.edu Fax#: 704-330-6201