

Co-op & Internship Application

Student Name: _____ Student ID #: _____

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

Phone Number: _____ Email Address: _____

Program of Study: _____ Associate Diploma Certificate (check one)

Are you 18 years old or older? Yes No Are you on an F-1 Visa? Yes No

Can you provide a professional resume to the Workplace Learning Office? Yes No

When do you want to participate in a Co-op or Internship? ASAP Fall Spring Summer (check one)

How many hours per week can you commit to a Co-op or Internship? _____

Will you complete a Co-op or internship with your current employer? Yes No

If yes, list your employer name and current job title: _____

Date of Hire with current employer (month & year): _____

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 Workplace Learning Office to obtain copies of my academic transcripts and grade reports. In addition, I grant the Workplace Learning Office permission to forward to any Co-op or intern employing organization my academic grades and any information the college may deem necessary to assist me in securing a Co-op or Internship, to all actual and prospective employers.

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

Co-op participants: 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 or 320 hours for 2 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 Workplace Learning Coordinator about current paid Co-op or internship positions should not be shared with other students or community members to ensure work-site confidentiality.

By signing, I state that I have read, fully understand, and agree to abide by the above statements:

Student Signature: _____ Date: _____