



## COOPERATIVE EDUCATION / INTERNSHIP APPLICATION

### GENERAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently employed?  No  Yes

Name/address of employer: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Briefly state your long term career goals: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Major: \_\_\_\_\_

Enrollment Status:  Full-time:  Part-time:

Total credit hours accumulated: \_\_\_\_\_ GPA: \_\_\_\_\_

Credit hours accumulated in your major: \_\_\_\_\_ GPA (Major): \_\_\_\_\_

Academic Honors: \_\_\_\_\_

Professional Organizations, Clubs, etc. (include offices held): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If you are in need of special accommodations for co-op/internship, please contact our Student Disability Services Department at (865) 882-4546.