



APPLICATION FOR ADMISSION  
TO COOPERATIVE EDUCATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(last) (first) (mi)

For what semester / summer / year are you applying? \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Social Security # \_\_\_\_\_

Campus Address \_\_\_\_\_ ext \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Status: \_\_\_ Full-time \_\_\_ Part-time

\_\_\_ Senior \_\_\_ Junior \_\_\_ Sophomore \_\_\_ Freshmen Date of Graduation \_\_\_\_\_

Major: \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Type of work desired \_\_\_\_\_

Previous Work Experience (Job Title, Employer, Dates)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Special Skills: (Keyboarding, computer (list software and hardware))

\_\_\_\_\_  
\_\_\_\_\_

Do you need transportation? \_\_\_\_\_

Continued on the back:

**Agreement**

I, \_\_\_\_\_, understand that my participation in the cooperative  
Name (please print)

education program at The Defiance College is contingent upon my acceptance of the rules and regulations of the cooperative education office as set forth in the Cooperative Education Handbook. Furthermore, I understand that by filing this application I am applying for participation in the cooperative education program and in so doing am agreeing to abide by all regulations set forth in the Cooperative Education Handbook as well as regulations set forth by my academic coordinator and job supervisor. Failure to adhere to any of these policies, written or unwritten, could result in removal from the cooperative education program or loss of credit for that particular experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Waiver and Authorization**

In accordance with the terms and provisions of the FAMILY AND EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, Section 438, I hereby authorize the cooperative education office to release to prospective employers information pertaining to my academic transcript and cooperative education records. This will be done at the discretion of the professional staff of the office when such information is of value to my personal and/or professional development.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date