\rightarrow Please print

→ Submit this completed application to the co-op or guidance department ASAP.

COOPERATIVE EDUCATION APPLICATION FORM 2018-2019 SCHOOL YEAR

My current period one teacher is: _____

Name:

Current Grade Level:

Type of Placement Requested

First choice:

Second Choice:

Is this co-op experience a part of a SHSM program? YES or NO (circle) If YES, then please state the SHSM in which you are enrolled:

Student Information

ddress:	
ostal Code:	
ome Telephone Number:	
ell Number:	
urrent Age:	

Other Important Information

List any courses you have taken or are currently taking at ND which relate to your placement selection:							
Do you have a valid driver's license?	Yes	No					
Do you have a valid unver s license!	165	NO					
Will you have use of a car for co-op?	Yes	No					
What language(s) can you speak other than English?							
Employment Experience:							
Paid or Volunteer Work Experience							
Name of Company	Type of	work	Date				
·			· · · · · · · · · · · · · · · · · · ·				

COOPERATIVE EDUCATION APPLICATION FORM 2018-2019 SCHOOL YEAR

Write a paragraph describing why you want to take co-op, or what you hope to learn from co-op.

References

6 · · · · · · · · · · · · · · · · · · ·		r r	/ /
State the names of three teachers	; who would be a positive	e reference for vou.	(attitude, effort, attendance)
			(

Teacher's Name

Subject/course (taught to you)

3

1

2

Approval

The student must be aware that she or he MUST:

- ✓ Attend 2 weeks of pre-placement at the start of the semester before placement commences
- ✓ Submit timecards weekly
- ✓ Complete all assignments, projects, tests, in-class work, etc.
- ✓ Adhere to (and respect) the employer's rules, policies and expectations
- ✓ Attend all monthly integration (in-class) sessions

Student's Signature

Date

