

# WORK-BASED LEARNING (CO-OP) APPLICATION

## SECTION 1 – TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you 18 years of age or older? YES  NO

Program: \_\_\_\_\_ Degree  Diploma  Certificate

Student Signature: \_\_\_\_\_

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## SECTION 2 – TO BE COMPLETED BY THE ADVISOR / WBL FACULTY COORDINATOR

Semester: \_\_\_\_\_ Course: \_\_\_\_\_

Section: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

*I verify that the student meets the eligibility requirements and has my recommendation to participate in co-op.*

Faculty Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

***Forms 1-4 must be submitted for verification  
within 2 days of the semester census date***

<p><b>ADMINISTRATIVE VERIFICATION</b></p>
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<p><input type="checkbox"/> Correct Program</p>
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<p><input type="checkbox"/> Registered in Datatel</p>
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