

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: _____

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*

ADMINISTRATIVE VERIFICATION
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- | |
|--|
| <input type="checkbox"/> Correct Program |
| <input type="checkbox"/> Registered in Datatel |