

VANCE-GRANVILLE

COMMUNITY COLLEGE

COOPERATIVE EDUCATION APPLICATION

Name: _____
Last Name First MI

Address: _____
PO Box/Street City State Zip

Phone: _____
Home Cell Work

Student ID Number: _____ DOB: _____

Curriculum Major: _____ Advisor: _____

GPA: _____ (Note: An unofficial copy of your transcript must be attached)

Projected Graduation Date: _____

_____ I am presently employed in a job that is closely related to my curriculum.

Employer _____

Address _____

Immediate Supervisor's Name _____ Phone _____

_____ I am presently unemployed or employed in a job that is not related to my curriculum,
and I am willing to be placed in a career related position.

(Please return a résumé with your application. Every effort will be made to find placement in a career related work experience, but placement is not guaranteed.)

In rare circumstances, employment through Cooperative Education may affect the amount of financial assistance students receive from other sources. It is each student's responsibility to check with their Financial Aid resources regarding any potential impact from participating in Cooperative Education.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY ADVISOR: For state auditing purposes, please verify the following eligibility information for the student to participate in the Cooperative Education Work Experience Program in the upcoming semester.

Total semester hour credits (SHC) completed from program of study core courses _____

Number of major elective hours open _____ GPA _____ (Minimum 2.0 GPA required)

This student is currently eligible for Co-op: Yes _____ No _____

Comments:

Advisor's Signature _____ Date _____

BY SIGNING THIS APPLICATION, YOU RECOMMEND THIS STUDENT AS AN APPLICANT FOR COOPERATIVE EDUCATION.

FOR OFFICE USE ONLY: Date Application Received _____