



**Cooperative Education Office**  
**2039 Kennedy Boulevard, Vodra Hall 101**  
**Jersey City, New Jersey 07305**  
**(201) 200-3005/6**  
**1-800-624-1046**

**APPLICATION FOR COOPERATIVE EDUCATION PROGRAM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Driver's License Yes \_\_\_\_\_ No \_\_\_\_\_ Car Yes \_\_\_\_\_ No \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Concentration (If any) \_\_\_\_\_

Semester Desired for Co-op Education Experience \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Native Born \_\_\_\_\_ Naturalized \_\_\_\_\_ Other \_\_\_\_\_  
(Permanent Resident or Student Visa)

**The applicant must secure the approval of the Chairperson of his/her major department before handing in this application.**

Chairperson's Approval \_\_\_\_\_ Date \_\_\_\_\_

Foreign Student Advisor's Approval \_\_\_\_\_ Date \_\_\_\_\_  
(All F-1 Students)

Received \_\_\_\_\_ Date \_\_\_\_\_  
(For Cooperative Education)

Cooperative Education Faculty Coordinator \_\_\_\_\_

**FOR OFFICE USE ONLY**

Employer \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Job Supervisor/Title \_\_\_\_\_ Assignment \_\_\_\_\_ Salary \_\_\_\_\_

Internship Period, From \_\_\_\_\_ To \_\_\_\_\_ Total Hours Per Week \_\_\_\_\_

Remarks \_\_\_\_\_

Salaried ( ) Non-Salaried ( ) Conversion ( ) No Credit ( )

1<sup>st</sup> Co-op Assignment \_\_\_\_\_ Transcript \_\_\_\_\_ Number of Credits Approved \_\_\_\_\_ Ethnic Background \_\_\_\_\_  
2<sup>nd</sup> Co-op Assignment \_\_\_\_\_ Folder \_\_\_\_\_  
3<sup>rd</sup> Co-op Assignment \_\_\_\_\_ Resume \_\_\_\_\_ By \_\_\_\_\_