



**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**

**STUDENT:**

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

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

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

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 application 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 F1 Students

Received \_\_\_\_\_ Date \_\_\_\_\_

(For Cooperative Education)

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

**FOR OFFICE USE ONLY**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

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

Internship Period, From \_\_\_\_\_ to \_\_\_\_\_ Total Hours per week \_\_\_\_\_

Remarks: \_\_\_\_\_

Salaried

Non-Salaried

Conversion

1<sup>st</sup> Co-op Assignment \_\_\_\_\_

2<sup>nd</sup> Co-op Assignment \_\_\_\_\_

3<sup>rd</sup> Co-op Assignment \_\_\_\_\_

Transcript \_\_\_\_\_

Folder \_\_\_\_\_

Resume \_\_\_\_\_

Number of Credits Approved \_\_\_\_\_ Ethnic Background \_\_\_\_\_

By \_\_\_\_\_

**Revised 2017/JJ:NG**

