Cedarville University

Student Co-op Application

To be filled out by the student

Name _____ Date _____

P.O. Box Number_____ Student ID Number _____ Phone Number _____

Current Class Status _____ Cumulative GPA _____ Major _____

Permanent Address _____

Special accommodations for a disability? Yes _____ No _____

If yes, what accommodations do you need? _____

_____

_____

Relevant Courses Completed _____

_____

_____

_____

What do you expect to gain from a co-op? _____

_____

_____

_____

_____

Student Participation Agreement

I acknowledge that I have received a copy of the Cedarville University Co-op Student Handbook and agree to adhere to all program regulations and requirements described in this publication. I agree to assume any risks involved with working as a co-op student.

Signature _____ Date _____

Printed name _____

Major _____

Name of Academic Advisor _____

Engineering Department Approval _____