

## CO-OP TRAINING APPLICATION FORM

This form is to be completed by the student and the Co-op training coordinator.

STUDENT'S INFORMATION			
Student's Name		ID #	
College		Department/Major	
Credits Earned		Cumulative GPA	
Phone		E-mail address	
Preferred training period			
Preferred Training Venue			
Choice 1:			
Choice 2:			
Choice 3:			
Signature		Date	

Do not write below. This part is to be completed by the Co-op Coordinator.

ELIGIBILITY CHECK	
The students is currently enrolled at the university	<input type="checkbox"/> Yes <input type="checkbox"/> No
The students has taken and passed ENGL 217	<input type="checkbox"/> Yes <input type="checkbox"/> No
The students has successfully completed <u>the required number of credits</u> (including current semester)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The students has successfully completed all departmental pre-training course requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date

Cc: Co-op Office  
Academic Advisor  
Student's file.