CO-OP / INTERNSHIP COURSE _____   _____ SEMESTER _____
Class Abbreviation   Year

CO-OP/INTERNSHIP DATA SHEET

PERSONAL DATA
PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS COMPLETELY

STUDENT I.D. NUMBER: _____

NAME : _____
First   Last

HOME ADDRESS: _____

_____
City   State   Zip

TELEPHONE #: _____   WORK PHONE: _____

e-mail ADDRESS: _____

CO-OP / INTERN EMPLOYER DATA
PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS COMPLETELY

COMPANY NAME: _____

COMPLETE MAILING ADDRESS: _____

_____
City   State   Zip

EMPLOYER'S TELEPHONE NUMBER: _____   FAX # _____

EMPLOYER'S **e-mail** ADDRESS: _____   TDD #_____

STUDENT JOB TITLE OR INTERN: _____

SALARY or WAGE: _____(If unpaid, enter 0)   Per Hour ___   Per Month ___   Other: _____

WORK SCHEDULE: _____   _____ TOTAL HRS PER WEEK _____
Scheduled Days of the Week (i.e. ,M-F or Varies)   Scheduled Work Hours (i.e., 8am-5pm)

SUPERVISOR'S FULL NAME: _____

SUPERVISOR'S TITLE: _____

CO-OP/INTERN COURSE: _____   COURSE CREDIT HOURS _____
Class Abbreviation

SLCC ACADEMIC PROGRAM: _____

* * * * * FOR OFFICE USE ONLY * * * * *

CO-OP/INTERN FACULTY:_____
Last   First

TIMES ON CO-OP _____

DATE: _____   ORIENTATION LEADER: _____