

STUDENT INFORMATION

Date of Initial Application: _____

Social Security Number: _____

Student Name: _____
First Middle Last

Telephone Number: _____ Home Work Cellular

E-mail Address: _____

Mailing Address: _____

Curriculum Major: _____

GPA: _____ SCH Completed: _____ Advisor: _____

PLACEMENT PREFERENCES

Geographic Preference: _____
(Haywood County, Buncombe County, etc.)

Requested Semester: _____

Hours of Availability: _____

Type of Placement Preferred: _____
(Industrial, Commercial, Governmental Agency, etc.)

WORK EXPERIENCE (most recent first)

Employer: _____ Supervisor: _____

Telephone Number: _____

Mailing Address: _____

Duties: _____

Dates Employed: _____ Full-time Part-time
Beginning Ending

Continued on back

WORK EXPERIENCE (continued)

Employer: _____	Supervisor: _____
Telephone Number: _____	
Mailing Address: _____ _____	
Duties: _____	
Dates Employed: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Beginning Ending	
Employer: _____	Supervisor: _____
Telephone Number: _____	
Mailing Address: _____ _____	
Duties: _____	
Dates Employed: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Beginning Ending	

TRANSCRIPT AUTHORIZATION I hereby authorize the Cooperative Education Office to acquire a copy of my official Haywood Community College transcript. It is understood that my transcript shall become a permanent part of my Cooperative Education file.

Student Signature

Date

Instructor Signature

Date

Co-op Coordinator Signature

Date

PRIVACY STATEMENT Access to student records is limited and controlled according to federal law (Family Educational Rights & Privacy Act of 1974). Only college personnel who have a legitimate educational need will be permitted to see the information provided on this form.