

ESSEX COUNTY COLLEGE
Career Resource Center

COOPERATIVE EDUCATION APPLICATION FORM

Student Information:

Date: _____

ECC School ID# _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Phone (Day) (____) _____ - _____ Phone (Eve) (____) _____ - _____

E-mail _____

Street Address _____

City _____ State _____ Zip _____ County _____

ECC Campus Location: Main West Essex Other _____

Student Status: Full-time Part-time

Major _____ GPA _____

Financial Aid Status: Yes No Work/Study Status: Yes No

Do you have a job related to your major that can be used for CO-OP? Yes No

Title/Position _____

Faculty Advisor's Approval (if self-developed position):

Signature

Date

Statement of Understanding

I understand that I cannot be considered for Co-op until I complete this application, and submit with it 5 copies of a proofread resume and current transcript to the Office of Cooperative Education. I must also schedule an appointment with the Co-op Teacher Advisor for approval.

Student's Signature

Date