

Center for Career Development

Date _____

MANHATTAN COLLEGE COOPERATIVE EDUCATION/INTERNSHIP APPLICATION

Instructions: Complete both sides of this form and attach a resume, if you have one.

NAME _____
LAST FIRST MIDDLE

STUDENT ID # _____

EXPECTED DATE OF GRADUATION ____/____/____

ACADEMIC ADVISOR _____

MAJOR(S) _____

MINOR(S) _____

OVERALL GPA ____/ (4.00)

MAJOR GPA ____/(4.00)

GENDER: MALE FEMALE

U.S. CITIZEN ____YES ____NO

TYPE OF VISA _____

LOCAL ADDRESS
(IF CAMPUS, GIVE BOX#, DORM AND ROOM #)

HOME ADDRESS

PHONE _____

PHONE _____

E-MAIL: _____

CELL PHONE _____

MEANS OF TRANSPORTATION TO GET TO WORK: ____PUBLIC ____OWN CAR

WOULD YOU ACCEPT AN UNPAID INTERNSHIP? ____YES ____NO

WHERE WOULD YOU ACCEPT A CO-OP / INTERNSHIP ASSIGNMENT:

____NEW YORK CITY & VICINITY ____HOMETOWN ____OTHER (SPECIFY) _____

I agree to participate in e-mail discussions.

DATE ____/____/____ SIGNATURE _____

FORM OF ACCEPTANCE

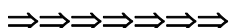
I have received and read the "Cooperative Education/ Internship Handbook." If I accept a position developed through the office of Career Services, **I agree to adhere to the guidelines in the handbook, answer all correspondence and complete and hand in all forms requested by this office.**

DATE ____/____/____ SIGNATURE _____

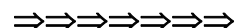
RESUME RELEASE

By signing this I give Career Services permission to send my resume to perspective employers for internships / co-ops.

DATE ____/____/____ SIGNATURE _____



CONTINUE ON NEXT PAGE



In the space provided below, please express your thoughts on the following:

What are your career goals and interests and how do you think that participating in an Internship/ Cooperative Education experience can help you achieve those goals?
What kind of internship would you like to have? Where would you like to have an internship [i.e. city, company(s)]?