

# West Virginia State University

## COOPERATIVE EDUCATION APPLICATION

Submit by Email

Print Form

STUDENT NAME:

Last

First

LOCAL ADDRESS:

Street

City

State

Zip

PERMANENT ADDRESS:

Street

City

State

Zip

PHONE NUMBER:

PHONE NUMBER:

EMAIL:

DEGREE OBJECTIVE:

Graduation Date: \_\_\_\_\_

Bachelor Degree

MAJOR: \_\_\_\_\_

MINOR: \_\_\_\_\_

STUDENT STATUS:

Full-time

Part-time

Total credit hours completed by end of current semester (approximate)

If you are willing to consider out-of-state job placements, list locations:

US Citizen:

YES

NO

If No, type of VISA:

Temporary Student

Permanent Resident

Veteran:  YES  NO

ALL VETERANS RECEIVING VA BENEFITS SHOULD CALL

1-888-442-4551

TO SEE HOW THEIR BENEFITS WILL BE AFFECTED

Do you have a job you would like to have certified through Co-op?

YES

NO

If YES, obtain and complete a job certification form.

Are you currently employed?

YES

NO

If yes,

Full-time

Part-time

If no, skip this section.

Employer:

Phone/Ext:

Job Title:

Supervisor:

Duties:

How did you hear about WVSU's Co-op Program?

Are you receiving Financial Aid?

YES  NO

Are you currently participating in the Federal College Work Study Program?

YES  NO

When might you like to enter?

Summer  
Fall Semester  
Spring Semester

Type of Co-op work preferred

Alternating (alternate semesters of full-time work and study)  
Parallel (attend school half-time and work half-time)  
Either

Name of Faculty Advisor

STATEMENT OF CAREER GOALS, JOB INTERESTS AND/OR DESCRIPTION OF WORK DESIRED.

Name/Location of College Attended	Dates (MO/YR) FROM - TO	Degree Earned/Expected	Graduation Date	Academic Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COLLEGE HONORS, ACTIVITIES, PROFESSIONAL SOCIETIES, FOREIGN LANGUAGES, COMPUTER LANGUAGES, OTHER SKILLS

Name/Address of Employer	Job Title & Brief Description of Work	Hrs/Wk	Dates Employed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other relevant information - community activities, hobbies, summer jobs, etc.

REFERENCES (such as faculty members who know you well or past supervisors)

Name	Address	Phone

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I hereby authorize the Office of Career Services and Cooperative Education, its Director and its staff to grant access to and /or release all materials relating to me contained in the files of said office to all prospective employers for the purpose of assisting me in securing employment.

I understand that if I am employed in a Co-op position, I am required to enroll in the appropriate Co-op course each semester I am employed. If my present position is certified, I am required to enroll in the appropriate Co-op course for a minimum of one semester.

I understand that when enrolling in a Co-op course, I am to pay the tuition associated with that course.

**By entering your name, "A" number, and date below, you agree to the terms listed above and are completing the application for entry into the Co-op Program through West Virginia State University.**

Student Name:

Date:

Student "A" number:

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## FINANCIAL AID

If you are receiving Financial Aid at WVSU, you must check with the Office of Student Financial Assistance prior to being placed in a Co-op position to see if Co-op placement will affect your financial aid.

Please INITIAL here if you have read and understand the above statement. \_\_\_\_\_

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## RESUMES

Occasionally, we have employers that request resumes the same day. For this reason, we are requesting prior permission to email your resume. Please signify your acceptance or non-acceptance of this policy below.

If I meet all the criteria for a particular Co-op position, I do  do not  give my permission to automatically email my resume to a prospective employer without being notified first.

I am interested in  Local Positions  
 Out-of-state positions  
 Both

Submission of this form with name input below constitutes consent to resume email policy.

Student Name:

Date:

Print Form

Submit by Email