

COOPERATIVE (Co-Op) EDUCATION PROGRAM – Application Form

*Please fill out each section of the application as completely as possible and return it to
 Colleen Rafatti (Career Center- Highlands Campus- B111 or rafattic@southflorida.edu)*

Last Name	First Name
Street Address	City, State, Zip Code
Phone Number	<i>This number is my: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</i>
Email Address	

Application Date:	Student Number (GID):	Desired Co-Op Term:
		<input type="checkbox"/> Fall (Late August – Mid December) <input type="checkbox"/> Spring (January – Early May) <input type="checkbox"/> Summer A (Early May – Mid-June) <input type="checkbox"/> Summer B (Mid June – July) <input type="checkbox"/> Summer 12-Week (Early May – July)
Type of Co-Op Requested:	Number of Co-Op Hours:	
<input type="checkbox"/> Co-op I <input type="checkbox"/> Co-Op II <i>(Prerequisite: Successful completion of Co-Op I)</i>	<input type="checkbox"/> 1 <i>(Note: Requires 45 hours in work site)</i> <input type="checkbox"/> 2 <i>(Note: Requires 90 hours in work site)</i> <input type="checkbox"/> 3 <i>(Note: Requires 135 hours in work site)</i>	

List Your College Major or Program:	Describe Your Future Career Goal(s):

Have You Earned at Least 12 College Credit Hours?	Have You Earned at Least 12 College Credit Hours at SFSC?	List Your Current Overall Grade Point Average (GPA):	Which of These Degrees Are You Currently Working Toward at SFSC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Associate of Arts (AA) <input type="checkbox"/> Associate of Science (AS) <input type="checkbox"/> Associate of Applied Science (AAS) <input type="checkbox"/> Other (please describe):
How Many Credit Hours are You Taking This Term?	In What Month and Year Do You Plan to Graduate from SFSC?	Do You Plan to Transfer to Another College After SFSC Graduation?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Are You Currently Receiving Financial Aid?		If Yes, List the Type of Financial Aid You are Receiving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Do You Write and/or Speak a Second Language Other than English?	If You are Multilingual, Please List the Second Language(s) You Speak or Write:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Your Technology Skills: <i>(Examples: typing, word processing, spreadsheet, PowerPoint, desktop publishing, operating a cash register, etc.)</i>	
Do You Have a Panther Central User Name/Password?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Familiar with the Use of Panther Central?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Familiar with D2L and Have You Submitted Assignments Through it for Other SFSC Courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR EDUCATION			
	Name of School	Years Attended	Diploma or Degree Earned
High School/GED			
College- SFSC			
College- Other than SFSC			
College- Other than SFSC			

PRIOR PAID WORK EXPERIENCE <i>(List your most recent employment first!)</i>			
Name of Employer	Location (City, State)	Dates Employed	Description of Duties

PRIOR UNPAID INTERNSHIPS, CO-OP's, AND/OR VOLUNTEER WORK <i>(List your most recent experience first!)</i>			
Name of Business	Location (City, State)	Dates of Experience	Description of Experience

Do You Have a Legal Right to Work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If You Are Currently Employed, How Many Hours Per Week Do You Typically Work?	

Please Describe Any Physical Limitations That Would Restrict Your Ability to Perform Workplace Tasks or Would Require Special Accommodations:	
Have Ever Been Arrested or Convicted of a Felony or Misdemeanor? If Yes, Please Describe: <i>Note: A "yes" answer to this question will not necessarily bar you from participation in Co-Op. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.</i>	

Which college subjects and work experiences have you enjoyed most? Why?	
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Which college subjects and work experiences have you enjoyed least? Why?	
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Why do you want to participate in Co-Op?	
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How Did You Learn About Our Co-Op Program?	
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Student Agreement Form	
<p>I understand that submitting an application does not guarantee me acceptance into the Co-Op program.</p> <p>I agree that, if I am accepted into the Co-Op program, I will:</p> <ol style="list-style-type: none"> 1. Register for my Co-Op course with the Career Center (Co-Op) Director, complete required orientation with the Co-Op Director, and immediately contact my designated Faculty Advisor. 2. Remain in the Co-Op work experience position for at least one full term- or until released by Career Center (Co-Op) Director. 3. Immediately notify the Career Center (Co-Op) Director if I am unable to complete my obligations for Co-Op for any reason. 4. Attend all meetings assigned/required by the Career Center (Co-Op Director) and my Faculty Advisor. 5. Submit all required Co-Op assignments and requirements on or before requested due dates during the term. 	
Student Signature	<p><i>Note: If you are returning this application via email, type in your name above to indicate your agreement. You will be asked to formally sign the application when you meet with the Co-Op Director for your orientation.</i></p>

South Florida State College pledges to provide equal access to education and employment opportunity to all regardless of race, color, religion, sex, national origin, age, disability, marital status, political affiliation, and sexual orientation. The College adheres to federal and state laws that control equal access/equal opportunity.