

**Cañada College Cooperative Education
STUDENT INFORMATION FORM**

Summer/Fall/Spring 20 _____

PLEASE PRINT

Name _____
 Last First Middle

Student ID #: _____

Street Address _____

City _____ Zip _____

Phone #: (Hm/Cell) _____

Email Address _____

Occupational Goal/Major _____

Identify Certificate/Internship _____

Have you taken Co-op at Cañada or any other College:

() Yes () No

If yes, where? _____ Units _____

Current Co-op Professor _____

Are you Paid? _____ Or do you Volunteer? _____

Co-op Section enrolled _____

CRN (Course Reference Number): _____

<u>CLASS SCHEDULE</u>			
Course	Time	Professor	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total # of units this semester: _____

<u>WORK SCHEDULE</u>		
Day of Week	Time In	Time Out
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of _____
 Business or Organization

Job Title _____

Street Address _____

City _____ Zip _____

Student Work Phone #: _____ Ext _____

Supervisor _____

Supervisor's Title _____

Supervisor's Phone #: _____ Ext _____

Supervisor's Email _____

Best Time to call Supervisor _____

No. of months to date employed in this position:

Job Duties (be specific): _____

Total hours you work per week?
 5-8 _____ 9-12 _____ 13-16 _____ 17 - 20 _____ 20 + _____

How did you hear about Co-op? Be specific:

Signed _____

PROFESSOR USE ONLY		
Section Enrolled:	S 200 _____	units
_____ 670 _____	Sm 200 _____	units
Approved _____	F 200 _____	units
Date _____	S 200 _____	units
W/ _____	Sm 200 _____	units
Prev. Units	F 200 _____	units

Write directions to job site from 101 or 280:

