

HOWARD COMMUNITY COLLEGE

Internship/Cooperative Education Application

Please complete the following information pertaining to your Internship or Co-op.

PERSONAL INFORMATION

Mr./Ms./Mrs.: First Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Home/Cell Phone: _____ Gender: _____

Date of Birth: _____ E-mail: _____

Student ID Number: _____ Major: _____

Will you be earning credit? Yes _____ No _____ If yes, how many credits do you plan to earn? _____

Which Work Experience/Co-op/Internship class will you take? _____

Semester: _____ Date Registered: _____

Internship/Co-op Start Date: _____

EMPLOYER INFORMATION

Job Title: _____ Full/Part Time: _____

Work Schedule: _____ Work Phone: _____

Job Description: _____

Company Name: _____

Employer E-mail: _____

Supervisor: Mr./Ms./Mrs.: First Name: _____ Last Name: _____

Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

For office use only:

Faculty Advisor: _____