

Co-Op Application

Date _____

Name _____ Student I.D. _____

Local Address _____
(street)

_____ (city) (state) (zip)

Telephone # _____ Beeper/Cell _____
(area code and number) (area code and number)

E-Mail (UTA) _____ (Home) _____

Classification:
Junior I Junior II Senior I Senior II Other, explain _____

Grade Point Average: Overall _____ Nursing _____

Graduation Date: _____

Work Experience

Name of Company	Job Title	Employment Dates
-----------------	-----------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am interested in receiving: 1, 2, 3, 4, 5, 6 credits**

Student's Signature _____ Date: _____

**For each credit, you must work 50 hours. Hours are validated by your employer.

When your application is approved by the Coordinator, you must be cleared by Undergraduate Student Services to register for the Co-Op Course(s).