



## CO-OPERATIVE EDUCATION PROGRAM STUDENT APPLICATION

Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Current Address: \_\_\_\_\_  
(Street/Box)  
\_\_\_\_\_  
(City) (Province) (Postal Code)

Phone Number: \_\_\_\_\_  
(Home) (Alternate #)

E-mail Address: \_\_\_\_\_

- I am applying for the Co-op or Internship Program in:  
Faculty: \_\_\_\_\_  
Department (Major): \_\_\_\_\_
- My expected commencement date of first work term is:  
 January 1<sup>st</sup>    May 1<sup>st</sup>    September 1<sup>st</sup> \_\_\_\_\_ (year)
- I have met with the Co-operative Education Coordinator for my faculty to discuss the Co-op program and admission requirements.  
 Yes    No
- I understand that I may be required to participate in Career Development Workshops as specified by my Co-operative Education Coordinator.    Yes
- I am an international student and will need to apply for a work permit.    Yes    No
- If admitted, I give permission to my Co-operative Education Coordinator to make available to employers my resume and transcripts for the purpose of creating and coordinating work placements.  
 Yes    No
- If admitted, I give permission for my email address to be displayed on email correspondence between students, the Co-op Office and the Faculty pertaining to Co-op.
- I have attached the following with my application:
  - My preferred sequence for work and academic terms.
  - A letter stating my goals and objectives and why I have chosen to apply for the Co-op/Internship program.

\*\* This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to process your application. If you have questions about the collection or use of this information, please contact the Co-op Office at (403) 220-8636.

• **I CERTIFY** that the information provided is true and complete. I understand that falsifying documents or information will result in immediate permanent dismissal from the Co-operative Education/ Internship Program.

• **I HAVE READ** the Co-operative Education/ Internship Program information in the individual Faculty sections of the Calendar and I agree, if admitted to the Co-operative Education/ Internship Program, to comply with the rules, regulations and responsibilities.

• **I GIVE PERMISSION** to the Co-operative Education/ Internship Program to make my university grade point average, my transcripts, my resume and my references available to prospective employers.

• **I UNDERSTAND** that employment opportunities may be located outside of Calgary.

• **I UNDERSTAND** that acceptance to the Co-operative Education/Internship Program is not a guarantee of a work placement.

Signature: \_\_\_\_\_

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