

Application for Co-op/Internship

Please complete all fields before submitting to Career Services

Student Information:

Name _____ Gender Identity _____ UID # _____
 Major _____ Phone # _____ / _____ - _____ Standing FR SO JR SR Term & Year _____ / _____
 Number of credit hours you are registered for during the semester you co-op/intern _____ GPA _____
 Student's WSU email _____@wright.edu Instructor: _____ (if for course credit)
 Course Information: Subject _____ Course # _____ Section # _____ Credit Hours _____

Co-op/Intern Information:

Company Name & Area of Job _____
 Job Responsibilities _____

 Basis for Evaluation _____

Company Information:

Supervisor's Name/Title _____ E-mail _____
 Supervisor's Phone # _____ Company Signature _____
 Student Hire Date _____ Estimated Hours/Week _____ Student Wage _____

Required Signatures:

Student _____ Date _____
 Company Rep _____ Date _____
 Instructor _____ Date _____
 (if taken for one or more credit hours)
 Dean _____ Date _____
 CRN # Assigned _____ / _____ Date Entered Banner _____
 (Scheduler Initials)
 Date Registered for Course _____ Registrar's Initials _____

NOTE: This form may not be submitted before the student's registration date for the term the course will be taken.

Routing:

1. Student
2. Company Rep
3. Instructor (if course credit)
4. Enrollment Services
5. Dean
6. Scheduling
7. Enrollment Services
8. Copy to LC Career Services

* The student has completed the minimum semester hours and any course prerequisites.

* The student/company permits release of pay information for data collection.

* The student agrees to abide by the employer's rules, policies, procedures, and to perform work in a professional manner.

* The student agrees to report any changes in work status to WSU-LC Career Services and/or course instructor. Failure to do so will result in a grade of "U" which will automatically prohibit student from participating in co-ops/internships for two semesters.