

Cooperative Education Student Profile

Student Information (Please fill out completely)

Name: _____ Student ID #: _____

Present Address _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____ Current GPA: _____

Quarter/Year you plan to begin your internship: _____

Academic/Vocational Program _____

Co-op Faculty Advisor: _____

Enrolled Co-op Department: _____ Course Number: _____

Co-op credits to be earned: _____ **You must register for Co-op credits! See your Co-op Faculty Advisor.**

Male: Female:

Do you qualify for Access Services at Highline Community College? Yes No

Do you have proof of eligibility to work in the US? Yes No

Internship Information, (Please fill out completely)

Internship Organization Name: _____

Address of Internship: _____

City: _____ State: _____ Zip (+ 4-digit extension) _____

Internship Supervisor: _____

Your Internship Title: _____ Supervisor's Phone: _____

Supervisors E-mail _____

Organization Website: _____

Days and Hours Working: _____ Rate of Pay (IF paid internship): _____