



Cedarville University  
Student Co-op Application

**To be filled out by the student**

Name \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box Number \_\_\_\_\_ Student ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Class Status \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Major \_\_\_\_\_

Permanent Address \_\_\_\_\_

Special accommodations for a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what accommodations do you need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant Courses Completed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from a co-op?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Participation Agreement**

I acknowledge that I have received a copy of the Cedarville University Co-op Student Handbook and agree to adhere to all program regulations and requirements described in this publication. I agree to assume any risks involved with working as a co-op student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Major \_\_\_\_\_

Name of Academic Advisor \_\_\_\_\_

Engineering Department Approval \_\_\_\_\_