



Cooperative Education (Co-op) Registration Form

STUDENT INFORMATION:

Last Name, First Name, MI

CWID Number

School

Major

Cumulative Earned Hours

Cumulative GPA

CO-OP EMPLOYMENT INFORMATION:

The above student is approved to participate in the College of Charleston's Cooperative Education Program under the following format:

- Single (full-time, one semester co-op)
- Parallel (co-op part-time while also enrolled in classes)
- Alternating (one semester full-time co-op, one semester full-time student)

Name of Co-op Employer

City

State

Name of Co-op Supervisor

Title

Email

REGISTRATION INFORMATION:

Term

Course

Section

Co-op Hours

Career Center's Signature

Date

Student's Signature

Date

Processed by:

Registrar's Office Signature

Date

Completed form must be submitted to the Career Center.