Suffolk
COUNTY COMMUNITY COLLEGE

COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM

STUDENT APPLICATION

Please Print

1. Name_____ 2. Student I.D. #_____
Last First M

3. Home Phone Number_____ Cell phone number_____

4. E-mail_____ Best way to reach you_____

5. Home Address_____
Street City State Zip

6. Are you (circle one): part-time full-time Campus(circle one): Ammerman Eastern Grant

7. Curriculum Name_____ Curriculum Code_____ Cumulative Credits_____

GPA_____ Career Goal_____

8. Identify 3 possible companies/industries of interest_____
_____

PLEASE NOTE THAT YOUR RESUME MUST BE ON FILE WITH _____
FOR THE PLACEMENT PROCESS TO BEGIN.

Questions to facilitate the placement process

9. Are you receiving financial aid from Suffolk County Community College? Yes No

10. What limitations, if any may have a bearing on your placement?_____
_____

11. Do you have driver's license and use of a car for Co-op/Internship? Yes No License only
a. What geographic areas would you consider? (circle all that apply)
Suffolk County Nassau County New York City Out of State Other_____

12. Would you want your current job to be considered as the Co-op/Internship experience? Yes No

13. Notes_____
_____

I understand that my participation in the SCCC Cooperative Education and Internship Program indicates my acceptance of its regulations as outlined in the SCCC handbook . I understand that I am responsible for learning these regulations. Furthermore, I accept that any written feedback I provide or images taken while at my Co-op/ Internship may be utilized for promotional purposes by SCCC. **By working with the Career Services Office and obtaining and accepting a Co-op/Internship position, I understand that I must register and remain enrolled in the credit-bearing seminar course.**

_____ _____
Student Signature *Date*

Revised 12/2006