

## University of Hawai'i at Mānoa

## COOPERATIVE EDUCATION PROGRAM Application and Authorization Form

STUDENT INFORMATION (please print)	□ Fall	☐ Spring	☐ Summer	Year 20
NAME:				
Last		First		M.I.
EMAIL:		PHO	NE: (H)	
ADDRESS:			(Other)	
CITY/STATE:			ZIP:	
ORGANIZATION/EMPLOTER.				
☐ Parallel Co-op:	Part-time tr	aining while att	ending school.	
☐ Alternating Co-op	o: Rotating se	emesters of full	-time training &	full-time school.
☐ Internship:	_		_	
MAJOR:				
Number of credit hours enrolled in this semester Total number of credits accumulated as of this date.				
Total number of credits	accumulate	d as of this dat	e.	
CURRENTLY ENROLLED MAJOR COURS	SEWORK (in	clude course n	umbers and title	es).
Course Number	•	se Title		

UHM courses completed in major and related courses:				
Course Number	Course Title	Grade		
UHM Grade Point Ave	erage: In Major:	Overall:		
Expected graduation	date:semester/year	if NOT selected for a Cooperative Education position.		
Co-op Reminder – Stu	udents must be able to co	omplete the required 2 full semesters of participation prior to		
graduation:				
<ul> <li>Summer graduates must be employed by the first day of the SPRING semester</li> <li>Fall graduates must be employed by the first day of the SUMMER semester</li> </ul>				
Spring graduates must be employed by the first day of the FALL semester				
AUTHORIZATION TO	O RELEASE ACADEM	IC INFORMATION		
		Mānoa to release to the prospective employer such		
		orogress, and any changes in my a cademic status as are eligibility for the Cooperative Education Program.		
I am able to present d	ocumentation on eligibi	lity to work in the United States.		
I give my permission t	o be photographed and	d consent to have my picture used for publicity purposes.		

Signature