

Cedarville University Co-op Student 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

<p>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.</p>
Signature _____ Date _____
Printed name _____
Major _____
Name of Academic Advisor _____