

**LAKE SUMTER COMMUNITY COLLEGE  
COOPERATIVE EDUCATION PROGRAM  
APPLICATION**

Name: \_\_\_\_\_ XID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Discipline: Prefix/Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

**SUMMARY OF EDUCATION/CAREER GOALS**

Expected Graduation Date: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_  
Overall GPA: \_\_\_\_\_  
Degree Sought: Associate in Science \_\_\_\_\_ Associate in Applied Science \_\_\_\_\_ Associate in Arts \_\_\_\_\_  
If an AS or AAS, what program: if an AA, what concentration: \_\_\_\_\_

**CAREER GOALS:** Short-term: \_\_\_\_\_  
\_\_\_\_\_

Long Term: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER INFORMATION**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is this an existing placement for the student \_\_\_ Yes \_\_\_ No Email Address: \_\_\_\_\_

**PLEASE READ AND SIGN**

I grant the Cooperative Education and LSCC Career Center offices access to my records and permission to make my resume, transcripts, and co-op referral forms available to prospective employers. I also consent to the use of individual and group photographs for advertising and purposes by the LSCC Cooperative Education Offices. I waive all claims of community relations or compensation for any such advertising use.

\_\_\_\_\_  
STUDENT SIGNATURE DATE

TERM ENROLLED: \_\_\_\_\_ COURSE: \_\_\_\_\_

FACULTY ADVISOR: \_\_\_\_\_ SECTION: \_\_\_\_\_

Co-op Education Coordinator's Signature: \_\_\_\_\_