



COOPERATIVE EDUCATION APPLICATION

(please print or type)

Date of Initial Application: _____

Name of College: _____ Guilford Technical Community College _____

Student Name: _____
Last Name First MI

Student ID: _____

Phone: () _____

Permanent Address: _____
PO Box / Street

_____ City State Zip

Curriculum Major: _____

Faculty Coordinator: _____

FOR OFFICE USE DO NOT WRITE BELOW THIS LINE

GPA: _____ **SHC Completed:** _____ **PGM HC:** _____

Curriculum Major Confirmed: _____

I certify that _____

is qualified to enroll in COE _____ - _____

and has met the required number of semester hours and has an appropriate GPA.

Bill Eversole
Director, Cooperative Education