



# Co-op Student Placement Form

## Office of Career Services & Cooperative Education

Address 1500 North Patterson St., Valdosta, GA 31698

Phone 229-333-7172

Fax 229-245-3881 • Web [www.valdosta.edu/coop](http://www.valdosta.edu/coop)

PRINT NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEMESTER/YR \_\_\_\_\_ TOTAL # OF CO-OP SEMESTER \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAJOR \_\_\_\_\_ HOURLY WAGE RATE \_\_\_\_\_ START DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CO-OP COORDINATOR \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ City/State \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

STUDENT RESIDENCE ADDRESS WHILE AT WORK \_\_\_\_\_ STUDENT RESIDENCE TELEPHONE NUMBER WHILE AT WORK \_\_\_\_\_

IS THIS YOUR LAST WORK SEMESTER? YES NO

CRN # \_\_\_\_\_ NUMBER COURSE # \_\_\_\_\_ CREDIT HOURS \_\_\_\_\_ INSTITUTIONAL HOURS \_\_\_\_\_

COOP \_\_\_\_\_ A or B

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STUDENT'S SIGNATURE \_\_\_\_\_ COORDINATOR'S SIGNATURE \_\_\_\_\_

DIRECTOR'S SIGNATURE \_\_\_\_\_ CO-OP INSTRUCTOR SIGNATURE \_\_\_\_\_

- Parallel Co-op:** Work 15-20 hours per week while enrolled at VSU for 6 or more hours of academic coursework. A minimum total of four work semesters are required, with at least two semester each employer.
- Alternating Co-op:** Alternating semesters of full-time employment with semesters of full-time academic coursework. A minimum of two work semesters is required.
- Part-time Internship:** Work 15-20 hours per week while enrolled at VSU for 6 or more hot academic coursework. One work semester required but may be repeated up to three semesters. **Unpaid Part-time Internships** only require a minimum of 10 hours weekly.
- Full-time Internship:** Work full-time, one semester or two consecutive semesters only once.