## UNA CO-OP EDUCATION PROGRAM APPLICATION



Date				
Personal & Contact Information:				
Name (Last, First, Middle)				
Student Banner L#				
Address	City		State	Zip
Phone (local)	Cell		Campus Box #	
UNA Email	Other Email			
Degree Information:				
Student Classification: Freshman	Sophomore	Junior	Senior	Graduate
Major	Minor			
Academic Advisor	Office ph	one	Email	
Overall GPA	Hours completed			
Projected Graduation Date				
Experience Information: Please circle  Program: Alternating	Parallel	Professiona	l Practice	
Semester desired for CO-OP: FALL	SPRING	SUMMER	Y	EAR
Course Name	Course IDCRN			
Intended Employer (Company Name) _				
Primary contact	Phone			
Email		_		
If you are not currently authorized to very employer which includes job duties. The This employment opportunity is an Manual 3.39.2	is must also have app	roval of the depa	artment chair.	
Signature of Department Chair				
Jignature of Department Chall				
Date				

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I understand that applying to participate in UNA's CO-OP Education Program does not guarantee acceptance into the program nor does it guarantee employment as a CO-OP student. I acknowledge that the University is not my employer nor does it determine the final selection, hiring, or direct supervision of me as a CO-OP student.
I understand it is my responsibility, prior to accepting work, to see how my work assignment affects my current financial aid, grant, and scholarship eligibility, future financial aid eligibility (due to an increase in income) as well as student loan deferment and/or repayment. I will meet the same financial aid deadlines as other students, even when they occur during my work terms.
I understand I must submit a complete application package to the Career Center <i>prior to beginning work,</i> and have my pre-work orientation with my advisor as well as the Career Center.
I will register in Banner for the appropriate COOP course and will pay registration and University fees by due dates.
I understand that registration for each work term will allow me to retain student status with respect to priority registration status each semester through graduation.
I understand I will receive zero credit recognition on my transcript.
I understand and agree that the CO-OP Education Program provides opportunities for either part-time or fulltime participation. I further agree that I am participating in the Program to enhance my educational experience toward completion of an academic degree. When not working in the CO-OP Education position, I will be pursuing a degree on a substantially full-time basis to the extent that I am able.
I agree that upon accepting a CO-OP position, I will complete my work assignment in full. In case of extenuating circumstances, I will notify (in advance) the Career Center and my employer of any necessary alterations of the work assignment.
I agree to complete the program until graduation without interruption in work or school assignments.
I understand as a CO-OP student, I am not eligible for unemployment compensation when I end my work term or assignment.
I understand the University is not liable for on-the-job injuries or adverse employment problems.
I understand I am still held accountable to the University Code of Conduct and University policies.
I understand that the University of North Alabama has an expectation of mutual respect. Students are entitled to a working environment and educational environment free of discriminatory harassment. This includes sexual violence, sexual harassment, domestic and intimate partner violence, stalking, gender-based discrimination, discrimination against pregnant and parenting students, and gender-based bullying and hazing. UNA's policies and regulations covering discrimination and harassment may be accessed at www.una.edu/titleix.

Please indicate that you have read and understand each section below by signing your initials in the space provided.

I hereby authorize, pursuant to section 438(b)4(B) of the Family Education Rights and Privacy Act of 1974, the Career Center to obtain and to release, on my behalf, to actual and prospective employers, such information contained in my academic records as is necessary to aid such employers in assessing my potential and eligibility for Co-op/Internship positions and as may be required to be released hereunder. I understand that at an employer's

request the Career Center will furnish student grades to my employer. I have read and understand all statements in the application. I also certify that all information provided is true and accurate to the best of my knowledge.			
Student Signature Submit this completed application to the Career Center, Room GUC 202	Date		