



Cooperative Education Enrollment Form

Scottsdale Community College
9000 E Chaparral Rd
Scottsdale, AZ 85256

Student Information

Date:

Semester:

Year:

Course #

Section #

Student's ID:

Student Name:

Home Phone:

Mailing Address:

Cell phone:

City:

State/Province:

Zip/Postal Code:

Student E-mail:

Employer Information

Complete this portion of the application with information concerning the business at which the Cooperative Education experience will take place.

Business Name:

Mailing Address:

Phone:

City:

State/Province:

Zip/Postal Code:

Supervisor Name:

E-mail:

Student's Job Title:

Hourly Wage (if applicable):

Hours Per Week:

Length of Employment:

Brief Job Description:

Approval

Student has met qualifications for Cooperative Education

Faculty Coordinator:

Date:

Student Agreement

By completing this form, I understand and agree that I am registering for Cooperative Education credits and will be accountable for payment of tuition for this class.

Student Signature:

Date: