

Appendix B

**Bay College**  
**Co-op/Internship Application/Registration Form**

The following student has requested and applied for a Co-op/Internship position. Course Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Program Area: \_\_\_\_\_

Registering for: (Circle one)     **1. Co-op**     **2. Internship**     Number of Credit/Contact Hours: \_\_\_\_\_

Employer Site: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

NAME

ADDRESS

Phone #: \_\_\_\_\_

I am registering for: (Circle One)     **Fall**     **Winter**     **Summer 1**     **Summer 2**     Year: \_\_\_\_\_

Total Academic Program Credits Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

The student must work a minimum of 40 clock hours for every one (1) credit hour of co-op/internship work experience (maximum of 8 credits). Tuition is based on a ratio of 1 contact hour for each 1 credit hour of co-op/internship work experience. The co-op/internship applicant must remain a student at Bay College throughout the duration of the program and must have an approved training plan prior to the start of the work experience.

Co-op/Internship students give permission to allow Bay College to furnish copies of transcripts to employers upon request. A student work résumé and copy of Bay College transcripts must accompany this application.

I certify that the information contained on this application is correct and that I have read and agree to comply with the procedures and directives listed in the Bay College Co-op Education and Internship Handbook.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
Date

**Instructor Checklist of items to be returned to Admin Asst.:**

\_\_\_\_ App/Registration Form  
\_\_\_\_ Student Transcript  
\_\_\_\_ Student Résumé  
\_\_\_\_ Training Plan

**FOR STUDENT RECORDS ONLY:**

\_\_\_\_\_  
Registrar's Authorized Signature

\_\_\_\_\_  
Date

Student has been registered and tuition charged to his/her account.

Note: Please return a copy to the Academic Dean and Career Advisor.