

MADONNA UNIVERSITY

A: or P
 C: or M
 A: yes no

CO-OP/INTERNSHIP REGISTRATION**STUDENT**

Name _____
 Last First Middle ID # Term Date

Address During Co-op Term _____
 Number Street City & State Zip Code Telephone Number

_____ E-mail Address _____ Alternate Telephone Number

EMPLOYER

Name of Firm _____ Supervisor _____

Address _____
 Number Street City & State Zip Code Telephone Number

_____ E-mail Address

Job Title _____ Hrs./wk. _____ Paid (Y or N) Rate of Pay _____

APPROVALS

Course _____
 Dept. & Number Sem. Hours Signature of Faculty Advisor Date

GRADING: _____ P/F _____ Letter _____
 Signature of Career Services Coordinator Date

FINANCIAL AID

Please check below the forms of financial aid which we be awarded to you for the Co-op term.

- | | |
|---|---|
| _____ College Work Study (Federal or State Program) | _____ State of Michigan Tuition Grant |
| _____ Supplemental Educational Opportunity Grant (SEOG) | _____ Michigan Adult Part-time Grant |
| _____ National Direct Student Loan (NDLS) | _____ State of Michigan Competitive Scholarship |
| _____ Nursing Student Loan Program (NSLP) | _____ Madonna University Scholarship |
| _____ Pell Grant | _____ Other _____ |
| | Specify _____ |
| | _____ None |

_____ Signature _____ Soc. Sec. No. _____ Date