## SEAS Co-op Program Student Application Form

Date:				
Co-op Class: Jan	June			
Student Name:				-
Hofstra ID No:				-
Email:				_
Cell Phone No:				_
Secondary Phone No:				_
Current Address:				_
 Declared Major & GPA:				
Hometown Address:				
Residence (circle one):			International	_
Would you consider a Co	-op positi	on out of the NY	area: - YES or NO	
Do you have access to a	ar: - YES	or NO		
Which SEAS100 course di	d you tak	e:		-
I pledge that while I am participating other part-time or summer internshi any alternative employment. I author Co-op Program and to share informations.	p. The compa rize the Unive	nies involved are specific ersity to forward my resu	ally hiring for this co-op prome to companies participat	ogram, not for ting in the SEAS
Student Signature			 Date	