

SEAS Co-op Program Student Application Form

Date: _____

Co-op Start: Jan June

Student Name: _____

Hofstra ID No: _____

Email: _____

Cell Phone No: _____

Secondary Phone No: _____

Current Address: _____

Declared Major _____ Class: Fr Soph Jr Sr__ GPA: _____

Hometown Address: _____

Residence (circle one): US Permanent International

Would you consider a Co-op position out of the NY area: - YES or NO

Do you have access to a car: - YES or NO

Which Semester did you take the SEAS100 _____

I pledge that while I am participating in the program I will not solicit any of the Corporate Co-op Partners for any other part-time or summer internship. The companies involved are specifically hiring for this co-op program, not for any alternative employment. I authorize the University to forward my resume to companies participating in the SEAS Co-op Program and to share information about my participation in the Program with these companies.

Student Signature

Date