CO-OP PROGRAM STUDENT APPLICATION

SECTION 1

Student Name:		
Email Address:		
Permanent Address:		
Permanent Phone		
School Address:		
Local Phone:		
Academic Data		
Major		
Number of Credits Completed:	GPA	
Expected Graduation Date:		
Current Class Year:		
Number of Semesters enrolled at the Ur	niversity of New Haven:	

<u>Please include with your application form:</u>

- Personal Resume
- 1 Letter of Recommendation from the University of New Haven faculty
- Completed Co-op Goals and Skills Form on next page
- Type written responses to the questions in Section 3 of application. Please attach your answers to the application form

SECTION 2

Co-op Goals and Skills Self-Assessment

General Goals

Prioritize the goals you hope to accomplish by Program. (1=Most important, 6=Least Important)	by participating in this Co-operative Education rtant)
To Obtain Career/Major Related Work Exp To explore this career field To earn Money To network with potential employers To build on experiences and to specialize in To build working a working relationship w	n a specific area
Skills	Development
The following are general skills areas and chaprofessional work environments. Place a che	naracteristics viewed as important in almost all eck next to 4 that you hope to enhance.
Communication Problem Solving/Management Leadership Skills Teamwork Time Management Organizational Skills Technological Skills Working in a Diverse Environment	Ability to accept criticism Motivation Self-Confidence Enthusiasm Attention to Detail Balancing Work and Life Open-Mindedness
Meas	surable Goals
	es you hope to accomplish in this program. (For be able to comfortably conduct an interview and a professional setting.)
1.	
2.	
3.	

SECTION 3

Co-op Program Application Questions

- 1. Why are you interested in working in the Co-operative Work/Education Program at the University of New Haven?
- 2. What qualifications and/or experiences do you have that would make you an acceptable candidate for this Program? (i.e. work experiences, volunteer work, computer skills, etc.)
- 3. What personal qualities do you possess that would be an asset to this program?
- 4. How would working in this program relate to your future goals/plans?

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SIGNATURE DATE

By signing this application, I am certifying that the information is accurate.

RETURN COMPLETED APPLICATION TO:

Martin O'Connor, M.Div, J.D. South Campus Hall 205 Or email: MOConnor@newhaven.edu

William Carbone, MPA South Campus Hall 106 WCarbone@newhaven.edu