



Lone Star College System Co-op / Internship Application

Date: _____ **Campus:** _____ **Student ID:** _____

Name: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____

2nd Email Address that will be permanent after your leave campus: _____

Phone Number: _____ **2nd Phone Number:** _____

Gender: Male Female **Currently Employed** Yes No

Where Employed: _____ **Job Title:** _____

Number of Credit Hours in Degree Plan? _____ **Expected Date of Graduation:** _____

Program of Study: _____ **Program Coordinator or Instructor:** _____

For Employment Specialist Use Only	
Company Name:	Address:
Phone Number:	Supervisor:
Job Title:	*Work Hours Per Week
Start Date:	End Date:

*Work Hours Per Week are based on approved/required contact hours, typically 320 hours (20–26 hours per week) for Co-op Work Experience and internship hours which may range from 9 to 20 hours per week.