

University of Hawaii  
**HONOLULU COMMUNITY COLLEGE**  
 874 Dillingham Boulevard, Honolulu HI 96817  
**COOPERATIVE EDUCATION PROGRAM**

## STUDENT INFORMATION SHEET

**Please fill-in completely. Do not leave blanks. Use "none" or "n/a" where appropriate.**

PERSONAL INFORMATION							
STUDENT NAME (Last, First):			STUDENT ID:				
STREET ADDRESS:		CITY:	STATE:	ZIP:			
TELEPHONE:	MOBILE:	E-MAIL:					
EDUCATION INFORMATION							
MAJOR:	SEMESTER IN MAJOR:	1ST	2ND	3RD	4TH	5TH	GRAD DATE (sem/year):
CO-OP COURSE:	NUMBER OF CO-OP CREDITS:	TOTAL NUMBER OF CREDITS THIS SEMESTER:					
SEMESTER AND YEAR IN CO-OP COURSE:		JOB FOR CO-OP EXPERIENCE:					
OTHER COURSES ENROLLED IN THIS SEMESTER AT HCC (Include course alpha/number and course reference number (CRN)): Example: AJ 193V 21008							
EMPLOYMENT INFORMATION (Complete this section if you are currently working at a job related to your major)							
JOB TITLE:							
START DATE (mm/dd/yyyy):		END DATE (mm/dd/yyyy):		RATE OF PAY:			
EMPLOYER:			DEPARTMENT:				
STREET ADDRESS:		CITY:	STATE:	ZIP:			
SUPERVISOR NAME:			SUPERVISOR TITLE:				
TELEPHONE:			E-MAIL:				
***** STUDENT PARTICIPATION AGREEMENT *****							
Participation in Cooperative Education requires agreement with the terms and conditions below. By submitting this form, you agree to the following:							
<ol style="list-style-type: none"> <li>1. I certify that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. <b>I understand</b> that this information may be investigated.</li> <li>2. I will maintain good academic standing at all times (at least 2.0 on a 4.0 scale in my major and cumulative G.P.A.);</li> <li>3. I will maintain regular attendance at school and work, follow all rules, and notify my employer prior to any absence;</li> <li>4. I will demonstrate honesty, punctuality, a cooperative attitude, proper grooming/dress, and willingness to learn;</li> <li>5. I agree to consult the Co-op coordinator and work supervisor about any problems;</li> <li>6. I agree to conform to the rules and regulations of the worksite, and maintain confidentiality;</li> <li>7. I will complete required assignments and furnish necessary information, reports or time sheets;</li> <li>8. I hereby indemnify, defend and hold harmless the Employer and the University of Hawaii and the State of Hawaii, and their officers, employees, agents, or any person acting on their behalf from and against any claim or demand for loss, liability or damage connected with the performance of this agreement, or made by reason of the non-performance of any of the terms, covenants and conditions herein, or any Federal, state municipal or county rules; and,</li> <li>9. I authorize the Co-op coordinator to release information about my academic records to the Co-op Employer for purposes of obtaining or maintaining employment. These records include grades, grade point average, courses attempted, courses completed, academic status (probation, suspension, Dean's list, honor's graduate) and any other information contained in my academic history. This authorization is valid for 5 years from the date signed.</li> <li>10. I agree to provide the cooperative Education Coordinator with documentation verifying that I have health insurance coverage if I am participating in an unpaid Cooperative Education Experience this semester.</li> </ol>							
Student's Signature: _____				Date: _____			