

INTERNSHIP / COOPERATIVE EDUCATION INFORMATION SHEET
TEXAS WOMAN'S UNIVERSITY
PIONEER CENTER FOR STUDENT EXCELLENCE

Name: _____ Date: _____
Last First Middle

E-mail Address: _____ Phone #: _____

Local Address: _____
Street City State Zip

Major: _____ Minor: _____ Expected Graduation Date: _____

Classification: () First Year () Sophomore () Junior () Senior () Graduate GPA: _____

Are you eligible to work in the United States? () Yes () No

Do you currently have an Internship/Co-op position? () Yes () No Where: _____

Position: _____ Work Phone#: _____

How did you find your Internship/ Co-op position?

The following questions are for the University's affirmative action plan only and will not be used to determine employment eligibility. It is the policy of Texas Woman's University not to discriminate on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, veteran's status, or against qualified handicapped or disabled persons, in its educational programs, activities, admissions, or employment policies. You are not required to complete this portion of the application.

Ethnicity: () White () African American () Hispanic/Latino () Native American/Alaskan American () Asian/Pacific Islander
() Other _____

Statement of Understanding

1. I understand that I am responsible for complying with the policies and regulations of Texas Woman's University.
2. I hereby certify that I can furnish an employer proper identification of my identity and authorization to work full-time in the U.S.
3. I understand that I must keep my Internship / Co-op faculty advisor and the Pioneer Center for Student Excellence updated on any changes to my employment status.
4. I understand that the Internship / Cooperative Education program is an academic program, and if I am receiving academic credit, **I must pay tuition.**

Signature: _____ Date: _____