



WSU Cooperative Education Program

Application

If you need additional space to answer any of the following questions please attach an additional sheet of paper.

Name: _____

Local address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Are you a currently enrolled student at Winona State University? _____ Yes _____ No

How many credits have you completed toward your degree: _____

On average, how many credits do you plan on taking each semester until you complete your degree? _____

What is your intended major: _____

Do you currently have another job or do you plan on having another job in addition to participating in the Cooperative Education program and taking classes?

_____ Yes _____ No If yes, please describe # of hours and flexibility of hours _____

Would you be available to work at a Cooperative Education employer during the summer?

Which company would be your first choice to complete your Cooperative Education experience with and why? _____

Please list other companies you would consider completing your Cooperative Education experience with: _____

On the back side of this form please describe why you would like to participate in the Cooperative Education Program. Please include how you believe the participation will help you achieve both your educational and career goals. Include any other information you believe is important for us to know as it relates to your application for participation in the Cooperative Education Program.

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