

**Michael F. Price College of Business**

**University of Oklahoma**

**Application To Earn Credit For A CO-OP Student (B AD 3700 Sec. 015)**

**Please Print All Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Class\* \_\_\_\_\_ Major \* \_\_\_\_\_ Overall G.P.A. \* \_\_\_\_\_

**I wish to apply for permission to earn academic credit in conjunction with a Co-OP experience I will have at**

(Name of company) \_\_\_\_\_

starting on or about, \_\_\_\_\_ 20\_\_ and ending on or about \_\_\_\_\_ 20\_\_.

My direct supervisor will be:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

During the Co-OP experience, I can be reached at (if you do not have this information or it changes, you can provide it after you begin the co-op experience):

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

( ) I have attached a completed, signed copy of the University of Oklahoma Co-OP Memorandum of Understanding, including Attachment A - - Student Acknowledgement and Release, and a written job description covering my Co-OP experience.

I can currently be reached at:

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that all information provided in connection with this application is, to the best of my knowledge, true and correct.

(Sign Here) \_\_\_\_\_

Accounting Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*Verified by \_\_\_\_\_ on \_\_\_\_\_.