Co-op Planning & Registration Form

Antioch College
Center for Cooperative Education
795 Livermore Street
Yellow Springs, OH 45387-1635

800-535-2410
937-769-1300
937-769-1310 fax
coop@antioch-college.edu

Term _____ Year _____

1 Tom
2 Jennifer
3 Susan
4 Eric
5 Kathy

Registration Number _____

Section Number = Advisor _____

Dates of employment From _____ To _____

☐ OWN PLAN

Student _____ Datatel Number _____

Company _____ Job Number _____

Job Title _____ Co-op Job Coordinator _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ FAX _____

Supervisor _____ email _____

Residence Address _____

City _____ State _____ Zip _____ Country _____

Phone _____

e-mail address required

☐ I do **NOT** wish my directory information released to any third party this term.

I understand that quitting my job, being fired from my job or changing jobs puts my co-op credit in jeopardy. If any changes are possible, I must contact my co-op advisor. I also understand that registering for my first Antioch co-op means I have forfeited the opportunity to earn Pre-Antioch co-op credit.

Registration is required to receive credit. Please complete the regisrtation process before leaving campus. Before submission, please complete your Educational Objectives on the reverse side of this form.

Student Signature _____ date

Co-op Faculty Signature _____ date

Student's Co-op Advisor's Name _____

Processing Date & Signature _____

Change or Update Date & Signature _____

Confirmed Recommended Copied ☐ Sent ☐