# 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 _____ Registration Number _____ Section Number _____

Dates of employment From _____ To _____

OWN PLAN ☐

$ ☐ Co-op Stipend Request

If I do not pick up my co-op transition stipend or if I register too late to receive it before the end of the term, the check will be mailed to the address that appears on it. This very likely will be my permanent address.

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.

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

This form is required to receive both your stipend and credit. Please complete the regisrtation process prior to your departure from Antioch. Before submission, please complete your Educational Objectives on the reverse side of this form.

Student _____ Datatel or SS Number _____

Company _____ Job Number _____

Job Title _____ Co-op Job Supervisor _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ FAX _____

Supervisor _____ email _____

Residence Address _____

City _____ State _____ Zip _____ Country _____

Phone _____

**e-mail address required**

Confirmed Recommended Copied ☐ Sent ☐

Student Signature _____ date _____

Co-op Faculty Signature _____ date _____

Student's Co-op Advisor's Name _____

Processing Date & Signature _____

Change or Update Date & Signature _____