



COOPERATIVE EDUCATION APPLICATION

IMPORTANT: Only one course may be taken per semester for Cooperative Education. Co-op class must appear on Oakwood University schedule as "CP300" prior to submitting this form to the Registrar's Office. **Permission of the Host Institution is dependent on course seat availability for visitors after resident students have registered.**

[Please Type or Print]

*Student Name [Last, First, MI] _____ *ID # _____

*Local Address _____

*City _____ *State _____ *Zip Code _____ *Local Phone _____

Gender: Male Female OU E-mail: _____ @ oakwood.edu

Classification: Freshman Sophomore Junior Senior Other _____

Check Appropriate School for Attendance: A & M University Athens University U. A. H. Calhoun

COURSE INFORMATION [Only one (1) course per semester allowed]

Semester/Year Fall 20____ Spring 20____

Course Title: _____ Course Number/Section: _____

Credit Hours: _____ Days of Course: _____ Course Time: _____

OAKWOOD UNIVERSITY EQUIVALENT COURSE INFORMATION

Course Title: _____ Course Number: _____

Next semester course is offered at Oakwood if not available: Fall 20____ Spring 20____

REQUIRED SIGNATURES:

Major Department Chair: _____ Approved Disapproved

Related Department Chair: _____ Approved Disapproved

School Dean: _____ Approved Disapproved

Vice-President, Academic Affairs: _____ Approved Disapproved

Registrar: _____ Approved Disapproved

Note:

1. Incomplete forms cannot be processed
2. Please notify the COOP Coordinator when dropping a COOP Class

Registrar's Office Use Only

Course Confirmed Date: _____ Processed by: _____ Course Dropped Date: _____ Grade Received: _____