



**LINCOLN UNIVERSITY**  
Division of Continuing Education and Evening/Weekend Instruction

***COOPERATIVE EDUCATION PROGRAM APPLICATION***

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NAME	STUDENT NUMBER
HOME ADDRESS	COLLEGE ADDRESS
HOME PHONE	COLLEGE OR CELL PHONE
E-MAIL ADDRESS:	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, visa type and number: _____	
College Credit: <input type="checkbox"/> No <input type="checkbox"/> Yes, how many hours (3 or 6)? _____	

***EDUCATION***

SCHOOL	MAJOR	GPA	DATES
LINCOLN UNIVERSITY			
OTHER COLLEGE(S)			

***WORK HISTORY***

EMPLOYER	ADDRESS	NATURE OF WORK	DATES

***MILITARY SERVICE***

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH	DATES
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**LINCOLN UNIVERSITY**  
Division of Continuing Education and Evening/Weekend Instruction  
114 Martin Luther King Hall  
812 East Dunklin Street  
Jefferson City, Missouri 65102-0029  
Telephone: (573) 681-5206 • Fax: (573) 681-5209  
E-mail: [pabstk@lincolnu.edu](mailto:pabstk@lincolnu.edu)

CAREER RELATED EXPERIENCE, WORK RELATED SKILLS:
COMPUTER EXPERIENCE, INCLUDING PROGRAM VERSION AND PROGRAMMING LANGUAGE, IF POSSIBLE:
HOBBIES, INTERESTS, COLLEGE HONORS AND ACTIVITIES

***YOUR VOCATIONAL AMBITIONS***

TYPE OF WORK DESIRED?
2ND CHOICE
WORK LOCATION RESTRICTION (IF ANY)

In the space below indicate in a paragraph just what you would like to do as your life work. You may indicate more than one position if you desire. If you have found it impossible to choose a definite vocation or college major, please indicate those you have thought about.


**CREDENTIALS RELEASE:**  
 This is to certify that I, the undersigned, a student at Lincoln University, hereby authorize the University to release transcripts of my academic record, application information, and information contained in the Cooperative Education application credentials to any prospective Cooperative Education employer.

SIGNATURE	DATE

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