

LINCOLN UNIVERSITY

Division of Continuing Education and Extended Studies

COOPERATIVE EDUCATION PROGRAM APPLICATION

NAME			STUDENT NUMBER			
HOME ADDRESS			COLLEGE ADDRESS			
HOME PHONE			COLLEGE OR CELL PHONE			
E-MAIL ADDRESS:						
US Citizen: ☐ Yes ☐ No If no, visa type and number:						
College Credit: ☐ No ☐ Yes, how many hours (3 or 6)?						
	_		_			
EDUCATION						
SCHOOL		MAJOR		GPA	DATES	
LINCOLN UNIVERSITY						
OTHER COLLEGE(S)						
1	1				'	
WORK HISTORY						
EMPLOYER	ADDRESS		NATURE OF WORK		DATES	
MILITARY SERVICE						
BRANCH DATES					DATES	
Are you a veteran? □Yes □No						

LINCOLN UNIVERSITY

Division of Continuing Education and Extended Studies
Lorenzo Greene Hall
900 Leslie Boulevard, Suite C
Jefferson City, Missouri 65101
Telephone: (573) 681-5206 • Fax: (573) 681-5209

E-mail: pabstk@lincolnu.edu

CAREER RELATED EXPERIENCE, WORK RELATED SKILLS:						
						
COMPUTER EXPERIENCE, INCLUDING PROGRAM VERSION AND F	PROGRAMMING LANGUAGE, IF POSSIBLE:					
<u> </u>						
						
HOBBIES, INTERESTS, COLLEGE HONORS AND ACTIVITIES						
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						
definite vocation or college major, please indicate the						
<i>y</i> , <i>y</i>						
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					

LINCOLN UNIVERSITY

Division of Continuing Education and Extended Studies
Lorenzo Greene Hall
900 Leslie Boulevard, Suite C
Jefferson City, Missouri 65101
Telephone: (573) 681-5206 • Fax: (573) 681-5209

E-mail: pabstk@lincolnu.edu