

ACADEMIC CREDIT AGREEMENT
FOR STATE CO-OP/INTERNSHIP PROGRAM

Personnel Cabinet – State Office Building, 1st Floor – 501 High Street -- Frankfort, KY 40601

STUDENT MUST BE PARTICIPATING IN A SCHOOL COOPERATIVE EDUCATION/ INTERNSHIP PROGRAM AND RECEIVE ACADEMIC CREDIT TO PARTICIPATE IN THIS PROGRAM

SSN#: _____ Date of Birth: _____ Today's Date: _____

Mr. Ms. _____
Last Name First Name M.I.

E-MAIL ADDRESS: _____ US Citizen: Yes No

MAILING ADDRESS:

School Address: _____
Street City State Zip

Permanent

Home Address: _____
Street City State Zip

School ph #: _____ Cell ph #: _____ Permanent home ph #: _____
Area code & number Area code & number Area code & number

ESTIMATED NUMBER OF HOURS AVAILABLE TO WORK EACH WEEK: _____

DAYS OF THE WEEK AVAILABLE TO WORK: _____

TIMES AVAILABLE TO WORK EACH DAY: From _____ to _____

LIST ANY LANGUAGES YOU SPEAK PROFICIENTLY: _____

NAME & LOCATION OF SCHOOL: _____

STUDENT STATUS: (Check one) HIGH SCHOOL: JUNIOR or SENIOR

COLLEGE: FRESHMAN SOPHOMORE JUNIOR SENIOR GRAD STUDENT LAW STUDENT

YOUR CURRENT GPA: _____ (Must maintain GPA of 2.5 or above ATTACH COPY OF TRANSCRIPTS)

MAJOR FIELD OF STUDY: _____ Anticipated Graduation Date: _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE COUNSELOR OR CO-OP/INTERN COORDINATOR AT YOUR SCHOOL BEFORE SUBMITTING THIS FORM TO THE PERSONNEL CABINET

(Coordinators may be located in the Career Counseling and Placement Center at your school)

ARE THERE CERTAIN TYPES OF POSITIONS THIS STUDENT MUST WORK WITH IN ORDER TO RECEIVE ACADEMIC CREDIT?

I, _____, certify that, _____
(Name of Coordinator/Counselor/Advisor) (Print or type name of student)

is currently enrolled as a full-time student in good standing with a GPA of 2.5 or above and is recommended by the Co-op/Intern Coordinator or Placement Office of the school. This student will receive academic credit for participating in the Co-op/Internship Program and documentation of the academic credit will be provided to the State Personnel Cabinet by the educational institution upon completion of this student's co-op/internship. Failure to comply with this provision will result in the termination of the educational institution's participation in the program.

SIGNATURE OF CO-OP/INTERN COODINATOR/COUNSELOR/ADVISOR DATE