



Guilford Technical Community College

Student Support Services

P. O. Box 309, Jamestown, NC 27282

336/334-4822 Greensboro • 336/454-1126 High Point • FAX 336/454-7073

COOPERATIVE EDUCATION APPLICATION

(please print or type)

Date of Initial Application: _____

Name of College: _____ Guilford Technical Community College

Student Name: _____
Last Name First MI

Student ID: _____

Phone: () _____

Permanent Address: _____
PO Box / Street

_____ City State Zip

Curriculum Major: _____

Faculty Coordinator: _____

FOR OFFICE USE DO NOT WRITE BELOW THIS LINE

GPA: _____ **SHC Completed:** _____ **PGM HC:** _____

Curriculum Major Confirmed: _____

I certify that _____

is qualified to enroll in COE _____ - _____

and has met the required number of semester hours and has an appropriate GPA.

Bill Eversole
Director, Cooperative Education