This packet must be completed before a student can be registered in pa(CCM/E---) course by Career Services. Once the packet is complete, return to Career Services tegistration.

¾ TO BE COMPLETED BY STUDENT:

I am applying to participate in the Florida Institute of Technology Cooperative Education program.

³⁄₄ I certify thatI:

- 1. Am an international domestic student. (Choosee)
- 2. Am a(n) undergraduate graduate student. (Choose one)
- 3. Am a full time degresseeking student at the Florida Tech manampus.
- 4. Have at least a 2.5 GPA** (if undergraduate) or a 3.0 GPgraiduate).
- 5. Have completed at least 24 semester hours at Florida Tech, or one semester at Florida Tech if a transfer student. If a graduate student, I have completed ortienfeusemester at Florida Tech.
- 6. Will be enroled in a Pass/Fail courseith required assignments (found in Canvas)

**Undergrads who do not meet the minimum 2.5 GPA requiremenst neceive speciadase authorization by their Academic Advisor on this application.

34 INTERNATIONAL STUDENTSONLY:

1.

Financial Aid Agreement & Registration Fee

This section is to be completed by the student.

All students must be degrese eking and enrolled at least had to be eligible for financial aid. Your initial award offer has been based on your enrollmejtections for the first semester you indicated attendance during the academic year. Any changes in your anticipated enrollmestulinay in the revision or cancellation of your financial aid award. You must meet with Financial Aid regarding any questions or concerns you may have regarding enrollment on excerts.

Cooperative Education ("Cop") courses are not eligible for financial aid because there is no applied tuition.

There is a \$110.0@ gistration fee per semester to enroll in a Op-course, due at the time of registration. After dropping off your completed registration form to the Registrar's Office, the payment can be made either in person at the Student Financial Services wind two (of Harris Commons) or on your PAWS account unde Student" Tab > "Payment/Student Account Information" option.

By signing below, you are indicating that you have read, understand, and agree to all information on this page:

| Student Signatureprint name): Date: | Student Signatureprint name): | Date: |
|-------------------------------------|-------------------------------|-------|
|-------------------------------------|-------------------------------|-------|

<u>Cooperative Education ("Coop") Academic Advising Agreement</u> This section must be completed & signed by student's academic faculty advisor.

The student presenting this application has received araofpus internship or job offer for the current or upcoming semester and is applying to register for the Cooperative Education of Brogram to earn academic elective credit towards their degree*. As their faculty or academic advisor, your role in this process is: