

Permit to Register

The student is responsible for completing this form and obtaining the faculty adviser signature. The original must be returned to the Career Services Center (SSC 3258), who will facilitate the registration process once all necessary forms are received.

COD ID _____ **Term** _____

Social Security Number **X X X - X X -** **Start Date** _____

Student Name: _____ **End Date** _____

Address: _____ **Hours per Week** _____

Telephone: (h) _____ (c) _____

Email: _____

Are you authorized to work in the U.S.A.? _____ International Student Adviser Approval: _____

As a student participating in the Cooperative Education/Internship Program offered by College of DuPage I agree to indemnify and hold harmless College of DuPage, its agents and employees, from any claims, liability or causes of action which may be asserted against College of DuPage, its agents or employees, for personal injury or property damage sustained by me in the course of participation in the Cooperative Education/Internship Program. I understand that by participating in these programs I may be deemed to be an employee of the company to which I provide services but I am not an employee of College of DuPage. I, therefore, acknowledge that I am not entitled to any benefits or privileges extended to College of DuPage employees. I will strive to meet or exceed performance expectations and learning goals.

STUDENT SIGNATURE DATE

FIELD OF STUDY/ACADEMIC AREA COMPANY SUPERVISOR NAME

WORK EXPERIENCE TITLE COMPANY NAME

PAID **UNPAID** COMPANY ADDRESS

FACULTY ADVISER NAME CITY/STATE/ZIP

FACULTY ADVISER SIGNATURE COMPANY TELEPHONE

CREDIT HOURS REQUESTED SUPERVISOR EMAIL

TO BE COMPLETED BY CEIP STAFF

Course Code - - cp **Credit Hours** _____

CEIP STAFF SIGNATURE _____