Architecture Department
Cooperative Education/Internship
APPLICATION

STUDENT INFORMATION

_____ _____ _____

Student Name | Student ID Number | Student Phone Number

_____ _____@calpoly.edu

Student's Residence Address of Co-op/Internship, City, State, Zip Code | Student Email Address

Are you an International Student? Yes ☐ No ☐ **If yes, you must meet with an International Programs Advisor.**

EMPLOYER INFORMATION

_____

Employer Name

_____

Employer Address, City, State, Zip Code

_____ _____

Co-op/Internship Supervisor Name | Supervisor Position

_____ _____

Supervisor Telephone Number | Supervisor Email Address

CO-OP/INTERNSHIP INFORMATION

Co-op/internship location if different from above:

_____

Address, City, State, Zip Code

Start date: _____ Finish date: _____

Check the appropriate term if you need a course substitution for studio credit (5 units):

___ Fall ARCH 4401 ___Spring ARCH 4401 ___ Summer ARCH 4401

How many **total** course units do you need (including 5.0 studio units if applicable)? ____

Planned work schedule:

Hours per week _____ x number of weeks _____ = total hours _____

CAED/Architecture Department require that all co-op's and internships be paid.

Enter the pay rate $ _____ per hour ☐ week ☐ month ☐

Will you be Telecommuting for this Coop? Yes ☐ No ☐

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STUDENT AGREEMENT FORM continued

SUPPLEMENTAL DOCUMENTATION

The Experience Areas + Task form (see Co-op website to download form)

- Identify the categories and areas that you can expect to explore.
- Complete the form with your firm supervisor.
- Return with Co-op application.

SIGNATURES

"I accept this co-op/internship as authorized by the Architecture Department."

_____ _____

Student Signature **Date**

"This student is my apprentice, and I agree to support his/her professional education and progress to licensure while working under my supervision."

_____ _____

Co-op/Internship Supervisor Signature **Date**

"I have consulted with this International student about the Employment Authorization process."

_____ _____

International Student Advisor Signature **Date**

A Letter of Recommendation/Curricular Practical Training (CPT) Letter is required Yes ☐ No ☐

"This student is in good academic standing and the co-op/internship meets the requirements of the Architecture Department."

_____ _____

Co-op/Faculty Advisor Signature **Date**

The information below is to be completed by the Staff Coordinator and provided to the student.

Registration Information:

Semester/Year	Course Numbers	Permission Numbers	Units
_____	_____	_____	_____
_____	_____	_____	_____