

**Dallas County Community College District
Internship/ Practicum/ Cooperative Education
Student Application**

Name: _____

Last

First

Mi

Student ID: _____ Email address: _____

Day Area Phone: _____ Night Area Phone: _____

Degree Program: _____ Year Semester/ Course Number: _____

Instructor: _____

Work Schedule

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Class Schedule

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Hours Worked Weekly: _____

Present Employer: _____

Employer Address: _____

Employer Area/ Phone: _____