



(* = required information)

Send completed form to: jpatao@hawaii.edu or by fax to (808) 984-3869. Include **Start Date:** _____ company info and detailed job description as needed. Thank you.

Company: _____
Mailing Address _____
Location Address _____
Email Address _____
Mentor/Supervisor _____

Contact: _____
Phone _____
Fax _____
Hours of Operation _____
UHMC Dept. _____

Title of Proposed Student Co-op/Intern Position _____

Description of Company, work environment, expectations

Primary duties and training student will receive:

Minimum Qualifications (be specific):

Education, Training or Experience: _____

Special Skills (technical, computer, language)/Abilities: _____

Others (e.g. licenses): _____

Desirable Qualifications (be specific):

Proposed Work Schedule:

- Part-time (# of hours per week)
- Full-time
- Temporary (length of time/dates)

Length of Co-op placement/internship:

- 1 semester only
- More than 1 semester, if needed
- Other: _____

Preferred days and hours: _____

Wages / Salary / Benefits: _____

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How to Apply:

- In person
- Call for appointment
- Submit resume & cover letter in person mail fax email