MANHATTAN COLLEGE

COOPERATIVE EDUCATION/INTERNSHIP

FINANCIAL AID COUNSELING

Student's Name_____
Last **first** **middle initial**

S.S.# _____-_____-_____

MAJOR: _____ **YEAR OF GRADUATION:**_____

This student has received information on the impact of a Cooperative Education/Internship assignment on his/her financial aid program.

COMMENTS:

_____

_____

_____

_____

Signature _____ **Date** _____/_____/_____
Director of Financial Aid

Signature _____ **Date** _____/_____/_____
Student

Please return to: **Career Services Office**

Miguel Hall-5th Floor

Telephone (718) 862-7224