

Cooperative Education/Internship Program Application

Personal Information

Last Name _____ First Name _____ Date _____

Email Address _____ Phone Number _____

Tech ID Number _____ Male Female

Cooperative Education/Internship Plan

When do you plan to begin your first work phase? Fall Spring Summer Year _____

Permanent Address

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Mailing Address

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Emergency Contact Information

Name _____ Relationship _____

Phone Number _____ Email Address _____

Academic Background

Major _____

Level (Bachelor, Master, PhD, etc) _____

Expected Graduation Date _____ Cumulative GPA _____

Are you a full-time student? Yes No

Are you seeking a degree? Yes No

Are you in good academic standing? Yes No

Have you completed at least 30 credit hours? Yes No

Previous Universities Attended

Name _____	Location _____	GPA _____
Major _____	Dates Attended _____	Credit Hours Completed _____
Name _____	Location _____	GPA _____
Major _____	Dates Attended _____	Credit Hours Completed _____

High School Attended

Name _____ Location _____ GPA _____

Approximate Class Ranking _____ Date of Graduation _____

Employment Experience

Name of Employer _____ Location _____

Job Title _____ Dates of Employment _____

Description of Responsibilities

Name of Employer _____ Location _____

Job Title _____ Dates of Employment _____

Description of Responsibilities

Name of Employer _____ Location _____

Job Title _____ Dates of Employment _____

Description of Responsibilities

Checklist of Required Documents

- | | |
|---|--|
| <input type="checkbox"/> Cooperative Education/Internship Program Application | <input type="checkbox"/> Cooperative Education Course Registration Form, completed with all signatures |
| <input type="checkbox"/> Cooperative Education/Internship Schedule Plan | <input type="checkbox"/> Unofficial Transcript |

Please note that this application is not for a specific job. You will need to apply directly with an employer for a position that interests you. If you have any questions, please email careerservices@admin.nmt.edu.

I certify that the above information is accurate and complete to the best of my knowledge.

Name _____ Signature _____ Date _____