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

☐ Cooperative Education/Internship Program Application   ☐ Cooperative Education Course Registration Form, completed with all signatures

☐ Cooperative Education/Internship Schedule Plan   ☐ 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 tristine.hayward@nmt.edu.

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

Name _____ Signature _____ Date _____