

NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY

Student Name

Tech ID #

Student Signature

Date

The above student has my permission to enroll in the following course:

_____ Department	<u>408</u> Course	<u>1 or 3</u> Credit Hours	_____ Semester	_____ Year
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The special title for this course is Cooperative Education Work Phase

I will serve as instructor for this course.

Instructor Name

Instructor Signature

Date

Advisor Name

Advisor Signature

Date

Graduate Office Representative Name
(If Applicable)

Graduate Office Representative Signature
(If Applicable)

Date

Financial Aid Representative Name

Financial Aid Representative Signature

Date

Career Services Coordinator Name

Career Services Coordinator Signature

Date