

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 Sprin	ng Summe	r Year				
Permanent Address							
Street Address							
City	State		Cip Code	Country			
Mailing Address							
Street Address							
City	State		Zip Code	Country			
Emergency Contact Information							
Name		Relations	hip 				
Phone Number	Email Address						
Academic Background							
Major			Are you a full-	time student?		Yes	No
Level (Bachelor, Master, PhD, etc)		=	Are you seekin	g a degree?		Yes	No
Expected Graduation Date	Cumulative GPA	-		od academic standing?		Yes Yes	No
	- Cumulative GPA		- academic year	apleted at least one full at NMT?		res	No
Previous Universities Attended							
Name		Location			GPA		
Major	Dates Att	Dates Attended Credit Hours Comp		Credit Hours Completed			
Name		Location			GPA		
Major	Dates Attended		Credit Hours Completed				

High School Attended

Name		Location						
Approximate Class Ranking —		Date of Graduation						
Employment Experie	ence							
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/Inter	rnship 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 sophie.bauer@nmt.edu.								
I certify that the above information is accurate and complete to the best of my knowledge.								
Name		Signature	Date					