



**Co-op/Intern Registration Form**

306 Ceres Hall  
NDSU Dept. 5280  
PO Box 6050  
 Fargo, ND 58108-6050  
Office: 701. 231.7111 Fax: 701. 231.8756

**Term:**  
Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_ TERM \_\_\_\_\_

ID: \_\_\_\_\_

Major: \_\_\_\_\_

**Please Print**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Email Address \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Location \_\_\_\_\_

Co-op/Intern Job Title \_\_\_\_\_

How did you find your co-op/internship? \_\_\_\_\_

GPA: \_\_\_\_\_ DOB: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:** Class # \_\_\_\_\_

Course Title: FE/CO-OP ED/INTERNSHIP/FIELD EXPERIENCE

Course Dept. \_\_\_\_\_ Course Number \_\_\_\_\_ for \_\_\_\_\_ Semester Hour(s)

\_\_\_\_\_ credit(s) @ \$ \_\_\_\_\_ per credit  Graduate Credit

\_\_\_\_\_ credit(s) @ \$ \_\_\_\_\_ per credit  Undergraduate Credit

\$ \_\_\_\_\_ fees

Additional Credits \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

(check here if employer is to be billed)

White copy: Career Center

Yellow copy: Registrar

Pink copy: Student