

Please enter the following information about your co-op/internship.

1. Semester of co-op/internship: \_\_\_\_\_
2. Are you splitting the 3 credits among multiple semesters? \_\_\_\_\_
  - a. If so, list the applicable semesters: \_\_\_\_\_
3. Company Name: \_\_\_\_\_
4. Supervisor Name: \_\_\_\_\_
5. Supervisor Email: \_\_\_\_\_
6. Supervisor Phone: \_\_\_\_\_
7. Position Description:

8. Summary of Responsibilities:

Submission Deadlines:

For Fall Term	For Spring Term	For Summer Term
August 15	December 31	May 15

Submit form to [nds.me.intern@nds.edu](mailto:nds.me.intern@nds.edu)

Spring 2024