

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

1. First and Last Name: _____ Student ID: _____

2. Semester of co-op/internship: _____

3. Are you splitting the 3 credits among multiple semesters? _____

a. If so, list the applicable semesters: _____

4. Company Name: _____

5. Supervisor Name: _____

6. Supervisor Email: _____

7. Supervisor Phone: _____

8. Position Description:

9. Summary of Responsibilities:

Submission Deadlines:

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