

Co-op/Internship Application Form

Please enter the following information about your co-op/internship and email to ndsu.imse@ndsu.edu.

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

2. Semester of co-op/internship: _____

3. Company Name: _____

4. Supervisor Name: _____

5. Supervisor Job Title: _____

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 15	May 15