



BRING APP TO A CO-OP ORIENTATION- THURSDAYS @ 12:30 PM  
ACTIVITIES CENTER 210

### WTAMU Cooperative Education & Internship Program Student Application Form

\_\_\_\_\_  
Last Name      First Name      Middle Initial      Social Security #      Date

\_\_\_\_\_  
Major/Degree      GPA      Advisor's Name

**Expected Graduation Date:** (circle month and fill in year)

**Class Standing:** (circle one)

May   Dec   Aug   20\_\_\_\_\_

Fr   So   Jr   Sr   Grad Student

**PERMANENT ADDRESS:**

\_\_\_\_\_  
Number/Street/PO Box      City      State      Zip +4

**LOCAL ADDRESS:**

\_\_\_\_\_  
Number/Street/PO Box      City      State      Zip +4

\_\_\_\_\_  
Permanent Phone #      Local Phone #      Email Address

**Are you an international student?**     yes     no    If yes, what type of Visa do you currently have? \_\_\_\_\_

**Area of Employment:**

**Types of Employers to Consider:**

Local area only  
 Willing to relocate

Government employers  
 Private business

All types  
 Non-profit

**Type of Internship or Co-op you would like to find:** \_\_\_\_\_

**If you know a specific place(s) you would like to work, please list:** \_\_\_\_\_

**If placed, what semester and year would you like to start working?** \_\_\_\_\_

**How did you hear about the Cooperative Education & Internship Program?**  
\_\_\_\_\_  
\_\_\_\_\_

If I decide to become involved with the Cooperative Education & Internship Program I understand I will be required to:

- 1) attend the Resume Workshop and view the online Professional Development Workshop;
- 2) write my resume and have it critiqued and approved by the Career Services staff; and
- 3) post my resume (for a nominal charge) through the Career Services Web Registration System
- 4) sign a WTAMU Intern & Co-op Statement of Ethics

I also understand that participating in the Co-op & Intern Program and completing the above steps does not guarantee a position. Job availability depends on a variety of factors; however, involvement in the program will improve my job search skills regardless of whether a position is found.

\_\_\_\_\_  
Signature

*With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form.*

CALL (806) 651-2345 WITH QUESTIONS