



All About Discovery!
Career Services
 careerservices.nmsu.edu
 Garcia Center, Rm 224
 (575) 646-1631

Enrollment Form

1a. Student Information

Name: _____ Current Date: _____
 Aggie ID: _____ Major: _____
 Phone Number: (_____) Minor/Concentration: _____
 NMSU Email: _____ Expected Graduation Date: _____

Citizenship: U.S. Citizen F-1/J-1 Student Visa Permanent U.S. Resident Other: _____

1b. Student Learning Objectives

(Explain how your duties and responsibilities directly relate to your courses and NMSU major. Specify at least two objectives.)

1c. Student Conditions, Rights and Responsibilities

1. Cooperative Education and Internship Program students must update their Cooperative Education/Internship file at the beginning of every semester (including Summer) in order to verify full-time workphase, part-time workphase or school phase status. Work assignments will not be authenticated until all required paperwork for the semester is completed.
2. The student will follow all policies, rules and regulations outlined by the Cooperative Education and Internship employer.
3. The student will follow all policies, rules and regulations outlined by New Mexico State University, including the Code of Professional and Ethical Conduct and Learning Agreement.
4. The student will complete and return the Work Assignment Evaluation sent by the Program via e-mail.
5. The student may enroll for a maximum of six (6) credits at an institution of higher education while on full-time workphase, as long as the academic responsibilities do not interfere in any way with his/her work obligations to the employer.
6. The student will register for classes to be taken upon return to campus as outlined by the NMSU Registrar's instructions

1d. Student Confirmation

The information submitted for my current work assignment is accurate and correct.

I agree to inform NMSU Cooperative Education and Internship Program in a prompt manner about any changes to my work assignment status, job duties, work hours or any information that would alter the details listed above, including letter of resignation, requests for leave of absence, etc.

I read, understand and accept all conditions, rights and responsibilities associated with the Cooperative Education and Internship Program listed in section 1c of this form.

Name: /s/ _____ Date: _____
(Note: the "/s/" indicates that this is an Electronic Signature in accordance with the Federal E-Sign Act of 2001)

1e. International Students Only

I completed the F-1 Curriculum Practical Training (CPT) Request Form. I understand that I need to provide the exact time period (start date and end date) for each employer and for any extensions.

Name: /s/ _____ Date: _____
(Note: the "/s/" indicates that this is an Electronic Signature in accordance with the Federal E-Sign Act of 2001)

2a. Employer Information

Company/Employer: _____ Supervisor: _____
Address: _____ Supervisor Title/Position: _____

Supervisor Work Phone: (_____) _____

Supervisor Fax: (_____) _____
City: _____ State: _____ Zip: _____ Supervisor Email: _____

2b. Cooperative Education / Internship Assignment Information

Co-op/Internship Term (Please Select One): Spring Summer Fall Position Title: _____

Co-op Employment Assignment Type:

Student on-campus co-op employment (part-time): work minimum of 15 and maximum of 20 hours/week during Spring and Fall academic semester. During Summer semester, Fall break, Winter or Spring break, students may work a maximum of 40 hours/week.

Student off-campus employment (part-time): also known as parallel plan (school/work) where student works 15-29 hours/week.

Full-time employment, also known as alternating plan: Student's work assignment must satisfy the requirements for the Cooperative Education and Internship Program.

Assignment Duration: Start Date: _____ End Date: _____

Wage/Salary: \$ _____ Hourly Monthly Stipend Semester

Is this a continuation of a previous work assignment? Yes No

2c. Employer / Supervisor Confirmation

The information entered in sections 2a and 2b is correct and accurate.

I agree to inform the NMSU Cooperative Education and Internship Program in a prompt manner about any changes to the student's work assignment status, job duties, work hours or any information that would alter the details listed in sections 2a and 2b. I also agree to complete a performance evaluation of the student's work and provide the student and NMSU's Cooperative Education and Internship Program office with a copy.

Name: /s/ _____ Date: _____

(Note: the "/s/" indicates that this is an Electronic Signature in accordance with the Federal E-Sign Act of 2001)

3. Cooperative Education and Internship Program Use Only

The student listed above meets all requirements to participate in the NMSU Cooperative Education and Internship Program.

The work assignment information entered above meets the requirements of the NMSU Cooperative Education and Internship Program

Name: /s/ _____ Date: _____

(Note: the "/s/" indicates that this is an Electronic Signature in accordance with the Federal E-Sign Act of 2001)

Earned Hours:	Classification:	FR	SO	JR	SR	MA	DR
Cumulative GPA:	Major/Job Match:	Yes	No				
Current Term/Credits:	Pathways Agreement Rcvd:						
Offer Letter Received:	Advisor Approval (if reqd.):						
Job Desc. Received:	Banner Code (SGACOOB):						
ACM Job ID:	Co-op Module:				Staff:		
Course Reg. (SFAREGS):	Sent to Inter. Student Svcs:						
CRN:	No. of credits:						