



COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM

REQUEST AN EXPERIENCE FORM

Career Services • coop@nmsu.edu • 575-646-4115

STUDENT INFORMATION

Student Name: _____ Aggie ID: _____

Phone Number: _____ NMSU Email: _____

Classification: _____ Major: _____ GPA: _____
FR SO JR SR MA DOC

Total Earned Hours: _____ Expected Graduation Semester/Year: _____

Hours Currently Enrolled: _____ Academic Advisor: _____

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

Are you receiving Financial Aid AND/OR Scholarships?
YES NO

International Students Only: International Students MUST complete a Curriculum Practical Training (CPT) Request Form and submit it to NMSU Career Services. Contact ISSS (iss@nmsu.edu, 575-646-2834), located in Breland Hall, Rm 152, for further instructions.

EMPLOYER INFORMATION

Company / Employer / Organization Name: _____

Department: _____

Physical Work Location (street Address, City, State, ZIP): _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone: _____

Supervisor Fax: _____

Supervisor Email: _____

CO-OP / INTERNSHIP EXPERIENCE INFORMATION

Co-op / Internship Position Title: _____

Term: Spring Summer Fall Employment Type: Full-time Part-time

Experience Start Date: _____ Experience End Date: _____

Wage / Salary / Compensation: _____ Hourly Monthly Yearly Expected Work Hours/Week: _____

Is this a continuation of a previous Co-op / Internship? YES NO
Are you planning to enroll in Academic Semester Hours during your co-op / Internship? YES NO
If yes, how many? _____

STUDENT CONFIRMATION

The information submitted above is complete and correct. I accept all conditions, rights, and responsibilities associated with the NMSU Cooperative Education and Internship Program.

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