

COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM

REQUEST AN EXPERIENCE FORM

Experiential Learning • coop@nmsu.edu • 575-646-4115

STUDENT INFORMATION

Student Name:	Aggie ID:
Phone Number:	NMSU Email:
· · · · · · · · · · · · · · · · · · ·	GPA:
FR SO JR SR MA DOC	College of Business student? Yes No mester / Year:
-	
Academic Hours Currently Enrolled: Acade	emic 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 Office of Experiential Learning. Contact ISSS (isss@nmsu.edu, 575-646-2834), located in Education Services Center, Suite 850, for further instructions.	
EMPLOYER INFORMATION	
Company / Employer / Organization Name:	
Department:	
Employer's Physical Work Location (REQUIRED): (Street Address, City, State, ZIP)	Virtual / Remote Experience? YES NO
	Supervisor Name:
	Supervisor Title:
	Supervisor Phone:
	Supervisor Email:
CO-OP / INTERNSHIP EXPERIENCE INFORMA	ΓΙΟΝ
Co-op / Internship Position Title:	
Term: Spring Summer Fall Employment Type:	Full-time Part-time
Experience Start Date: Experience End Date: _	Note: Experience Start & End Dates can only encompass one semester
Wage / Salary / Compensation: Hourly	Monthly Yearly Expected Work Hours Per Week:
Is this a continuation of a Are you planning to enr previous Co-op / Internship? Semester Hours during YES NO	
STUDENT CONFIRMATION	
۲ ۳- : ۲	Name / Signature: /s/

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

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

Date (mm/dd/yyyy): _____