



# 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: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_  
FR SO JR SR MA DOC

Total Earned Academic Hours: \_\_\_\_\_ Expected Graduation Semester / Year: \_\_\_\_\_

Academic 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 Office of Experiential Learning. Contact ISSS (iss@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): \_\_\_\_\_ Virtual / Remote Experience? YES NO  
(Street Address, City, State, ZIP)

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

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: \_\_\_\_\_ 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 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 hours? \_\_\_\_\_

## 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 (mm/dd/yyyy): \_\_\_\_\_

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