



UNIVERSITY OF
SOUTHERN MAINE
School of Applied Science,
Engineering, and Technology

Cooperative Education Student Information

Name: _____ SS# _____

Local address: _____ Telephone: _____

_____ E-mail: _____

Home address: _____ Telephone: _____

Major: _____ Year: _____ Credits completed: _____ Expected graduation: _____

GPA: _____ GPA in Major: _____ U.S. Citizen? yes ___ no ___

I would like to consider a co-op in: (check all that apply)

	Full-time	20 hr/week	30 hr/week	undetermined
Fall of _____				
Spring of _____				
Summer of _____				

Desired company, industry, or location: _____

Prior experience: _____

Computer experience: _____

Strengths: _____

Interests: _____

What do you hope to gain through your co-op experience? _____

