

Western Michigan University
College of Engineering & Applied Sciences

Parkview Campus Advising Office - (phone) 269.276.3270 - (fax) 269.276.3259

Student Co-op/ Internship Registration Form
Student Information

Name _____ GPA _____ WIN# _____
Student Status (✓ one): FR___ SO___ JR___ SR___ GRAD___ Major/Curriculum_____

Local Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Cell Phone/Phone _____ Email _____ @ *wmich.edu*

Current Semester/ Year _____ Semester/Year of Co-op/Internship _____

Employer Information

Company Name _____ Web Address _____

Contact Name/Title _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Position Information

Co-op___ Internship___ (per WMU definition) Position Description___ (Please contact your advisor for additional instructions)

Position Title _____ Start Date/ End Date _____ Pay Rate (\$/hour- include any stipends) _____

Supervisor Name/Title _____ Email _____ Phone _____

Check and complete all that apply:

- I am requesting _____ credit hours for this experience
- I meet the pre-req. of a C or better in ECE 2510
- I am requesting that this experience meet the following requirement: _____
- I request that I be registered for ECE 2990 for the _____ term
- I found this experience through:
 - _____ BroncoJOBS (*eRecruiting*)
 - _____ WMU Career Fair/Engineering Opportunity Day
 - _____ Family/Friend (*Networking*)
 - _____ Employer Website/Job Fair
 - _____ Other

Student Signature _____ **Date** _____

Academic Advisor's Approval Signature _____ **Print Name** _____ **Date** _____

ECE Department Chair's Signature _____ **Print Name** _____ **Date** _____