# The University of Mississippi School of Engineering
# Cooperative Education Program Student Information

**Last Name: _____ First Name: _____**

**Name you go by: _____**

**UM ID Number**: _____

**UM User Name**: _____

**Phone: _____ - _____ - _____**

**Major (circle one)**: Biomedical Chemical

Civil CSCI Electrical

General Geological Mechanical

**UM Email:** _____

**Alternate Email: _____**

**Date of Birth:** _____/_____/_____

**Residency Information (Circle One):**

MS Resident Non-Resident International

**Information Release Statement:**
I hereby authorize the University of Mississippi School of Engineering to release on my behalf to my co-op employer and to prospective co-op employers such information contained in my educational records as is necessary to aid employers in assessing my potential eligibility for initial and continued co-op employment. I understand that this information will be disclosed to those persons with the employer's organization who have been determined by that organization to have a need to know. I understand this information is being released pursuant to Section 438 (b) 4 (B) of the Family Educational Rights and Privacy Act (FERPA) of 1974, and will not be released to any other party without my consent.
By signing this, I acknowledge that my anticipated graduation date might be delayed by one semester or more.
By signing below, I certify that all information is true and correct to the best of my knowledge.

_____ _____
Signature Date

**Overall GPA: _____**

**Are you working 37.5 hours per week or the equivalent of full time according to your employer? YES NO**

**Work Terms (circle all that apply):**

**Fall Spring Full Summer**

**Anticipated Return to UM**

**Semester: _____ Year: _____**

**Are you a CME Student? YES NO**

**Company Name: _____**

**Supervisor: _____**

**Supervisor email: _____**

**Supervisor phone: _____**

**Site Address**

**Street: _____**

**City: _____ State: _____ Zip: _____**

****INFORMATION BELOW SHOULD BE COMPLETED BY YOUR DEPARTMENT CHAIR*****

**C OP Course (circle one):**

**300 500**

**Department Chair Signature: _____**

***ATTACH AN UPDATED RESUME AND UNOFFICIAL TRANSCRIPT BEFORE RETURNING THIS PAPERWORK TO MEGAN MILLER IN BREVARD 218***

Additional Notes:

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