



This form must be typed. Use Adobe Reader or Chrome to fill out form and print.

Full Name:	
Ole Miss ID Number:	
Ole Miss E-mail:	
Cell Phone:	
Degree seeking:	<input type="checkbox"/> Biomedical <input type="checkbox"/> Chemical <input type="checkbox"/> Civil <input type="checkbox"/> Computer Engineering <input type="checkbox"/> Computer Science <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> General <input type="checkbox"/> Geological/Geology <p style="text-align: right;">Overall GPA: _____</p> <input type="checkbox"/> Check if you are a CME student:
Work Terms:	<input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Full Summer Year: _____
Residency Information:	Company Information: Company Name: _____ Address: _____ Supervisor Name: _____ Supervisor E-mail: _____
<input type="radio"/> Mississippi Resident <input type="radio"/> Non-Resident <input type="radio"/> International	Do you receive financial aid (scholarships, loans, grants, etc.)? <input type="radio"/> Yes <input type="radio"/> No <i>Regular scholarships and awards will be put on hold until you return.</i> <i>To determine if you are eligible for additional federal aid complete the Engineering Co-op Financial Aid Agreement form.</i>
When do you expect to return for a full academic semester? _____ <i>This information will be used to ensure your scholarships and financial aid are re-instated.</i>	<input type="checkbox"/> I will be working a minimum of 37.5 hours/week <input type="checkbox"/> I understand that participation in C OP 300 will not typically fulfill degree requirements <input type="checkbox"/> I acknowledge that my anticipated graduation date might be delayed by one semester or more <input type="checkbox"/> I have discussed my co-op participation with an academic advisor or department chair <i>Advisor/Chair initial here: _____</i>
Attach a copy of the offer letter you received from your employer to this completed form. Submit completed application to Megan Miller in Brevard 215.	Student: _____ Advisor/Chair: _____ Co-op Director: _____ <i>Signatures acknowledge that the information stated above is accurate and complete to the best of my knowledge.</i>