

Internship/Cooperative Education Program

JOB DATA FORM

*Required Fields

Please type or print legibly.

Student Information

*Full Name: _____
Last *First* *M.I.*

*Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

*Main Phone: () _____ Alternate Phone: () _____

*E-mail Address: _____

*TWU Student ID: _____

*Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

*How did you obtain your initial contact with your Internship/Co-op employer?
___ Internship/Co-op Staff ___ Found own job ___ Faculty ___ Other-Please specify: _____

*Major: _____ Minor: _____

*Faculty Advisor: _____ *Course Registered For: _____

Job Information

*Company Name: _____

*Mailing Address: _____

*Physical Address: _____

*Supervisor: _____ *Supervisor's Title: _____

*Supervisor's Work Phone: _____ *Supervisor's Fax: _____

*Supervisor's E-Mail: _____

*Student's Job Title: _____ *Student's Work Phone: _____

*Job Duties: _____

*Hours of work per week: _____ *Anticipated hourly pay or salary: \$ _____

*Weekly Work Schedule (List times below days you are assigned to work):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____	_____

*Student's Signature: _____