Engineering Cooperative Program
Student Application

Name: _____
Last First Middle

ID#: _____ Major: _____ GPA: _____

Classification: Sophomore ☐ Junior ☐ Senior ☐

Local Address: _____

Local Phone: _____ US Citizen: Yes ☐ No ☐

E-mail Address: _____

Permanent Address: _____

Permanent Phone: _____ Veteran: Yes ☐ No ☐

Are you receiving any Financial Aid? Yes ☐ No ☐

Please list the types of Financial Aid received:

Department Chairman

The above named student has notified me of his/her intention to enter the Engineering Cooperative Program at The University of Memphis. With my signature, I hereby recommend this student to participate in the Engineering Cooperative Program.

_____ _____
Department Chairman's Signature Date

Student

I certify that to the best of my knowledge the above information is true.

_____ _____
Student's Signature Date

Engineering Cooperative Program
Herff College of Engineering
University of Memphis, Memphis, TN
Tel: (901) 678-4933; Fax: (901) 678-5030
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