Engineering Cooperative Program Student Application

Name:				
	Last	First	Middle	
ID#:	Major:			GPA:
Classification:	Sophomore		Junior	Senior
Local Address:				
			US Citizen: Yes	
E-mail Address:				
Permanent Addr	ess:			
Permanent Phor	ne:		Veteran: Yes	No
Are you receiving any Financial Aid? Yes No				
Please list the ty	pes of Financial Aid	d 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 An Equal Opportunity - Affirmative Action University