

**PSE 304 Summer Mill Internship
PSE 305 Co-op Experience**

Student Information:

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|--|---------------------------|
| Name: | Class Standing: |
| Social Security Number: | Work Phone*: |
| Permanent Address: Street: | Work Address*: Street: |
| City/State/Zip: | City/State/Zip: |
| *This information should reflect where you can be contacted during your work experience. | |

Employer Information:

| | | |
|---------------------|-------------|--------------------|
| Company: | Supervisor: | |
| Address: Street: | Title: | |
| City/State/Zip: | | |
| Phone: | Fax: | |
| Email: | Start Date: | Expected End Date: |

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| Work Periods: ? Spring 20__ ? Summer 20__ ? Fall 20__ ? Spring 20__ | Class Registration: ? PSE 305 (2 credits) ? PSE 304 (2 credits) ? PSE 305 (2 credits) ? PSE 305 (2 credits) |
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