

UNIVERSITY OF MAINE AT FORT KENT

COOPERATIVE EDUCATION
REQUEST FOR APPROVAL

STUDENT'S NAME:	SEMESTER:	DATE:
CURRENT GPA:	# OF CREDITS EARNED AT UMFK:	# OF CREDITS REQUESTED:
EMPLOYER'S NAME:		
EMPLOYMENT PERIOD: (Beginning and Ending Date)		
SUPERVISOR'S NAME:		POSITION:

STUDENT'S JOB DESCRIPTION, GOALS AND OBJECTIVES, AND RESUME MUST ACCOMPANY THIS REQUEST.

ALL STUDENTS MUST SUBMIT A REPORT THAT WILL BE EVALUATED BY THE ON-THE-JOB-SUPERVISOR AND FACULTY LIAISON PERSON AND DIVISION CHAIR.

STUDENT'S SIGNATURE:	DATE:
FACULTY LIAISON'S SIGNATURE:	DATE:

UNIVERSITY OF MAINE AT FORT KENT

INTERNSHIP JOB DESCRIPTION

EMPLOYER INFORMATION

NAME OF FIRM:		AGENCY:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE#:
NAME AND TITLE OF CONTACT PERSON FOR EMPLOYMENT:			

JOB INFORMATION

JOB TITLE AND DESCRIPTION:		
TYPE OF ACADEMIC MAJORS OR MINORS ELIGIBLE FOR CONSIDERATION:		
OTHER DESIRABLE CHARACTERISTICS:		
PAY AND FRINGE BENEFITS: (If Any)		
STARTING AND ENDING DATE OF JOB:		
DAY/NIGHT EMPLOYMENT:	APPROXIMATE # OF HOURS PER WEEK:	DATE:

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**NARRATIVE DESCRIPTION OF PROPOSED COOPERATIVE
EDUCATION PROJECT WITH DEMONSTRATED RELEVANCY
TO APPLICANTS DEGREE PROGRAM AT UMFK**

STUDENT'S NAME:	SEMESTER:	DATE:
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NARRATIVE DESCRIPTION:

UNIVERSITY OF MAINE AT FORT KENT

RESUME

PERSONAL INFORMATION

STUDENT'S NAME:		DATE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE#:

SCHOOL ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE#

HEALTH:	DATE OF BIRTH:	CURRENT AGE:
MILITARY:		
EDUCATION:		
CAREER OBJECTIVES:		
WORK EXPERIENCES: (List Employers, Dates of Employment and Responsibilities)		
REFERENCES: (List at Least Three)		