



# LAMAR UNIVERSITY

## PRE-SCREENING FORM

PLEASE BE SURE TO READ AND COMPLETE ALL PARTS OF THE FORM

The purpose of this form is to assist all parties with understanding information needed prior to formal commitment to an Internship. The form should be completed by the Student and submitted to the Director of Cooperative Education in the Computer Science Department.

### PART 1: STUDENT INFORMATION

Name \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

GPA: \_\_\_\_\_ Classification \_\_\_\_\_

During which term and academic year will you be doing the Internship? \_\_\_\_\_

### PART 2: EMPLOYER INFORMATION

Organization \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Ph \_\_\_\_\_

I hereby request an Internship as described in Part 2 above:

Student Signature		Dir, Recruiting & Co-Op Signature
Date		Date