



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 _____ Phone _____

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

Student Signature _____

Date _____

Dir, Recruiting & Co-Op Signature _____

Date _____