

UTA Biology Department

Undergraduate Co-op / Intern Application

Note: This application MUST be completed, submitted and approved before the end of the registration period for the semester you are planning to enroll in the program.

Number of Co-op Hours Applying For: _____ **Semester:** _____

UTA ID# 1000 _____ **Phone:** (____) _____ - _____

Name: _____
(Last) (First) (Preferred Name)

Address: _____

City: _____ **State:** _____ **Zip:** _____

UTA GPA: _____ **Classification:** _____ **Major:** _____

Prospective Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Position: _____ **Phone:** (____) _____

In general terms describe what you expect to gain from your Co-op experience:

Student's Signature

Date: ____/____/____