

**NOTICE OF WORK PROGRAM PARTICIPATION**  
**UTA College of Engineering/Lockheed Martin Missiles and Fire Control**

Please complete the following information regarding your work experience placement. You must notify the Co-op Office immediately if your employment status with LM-MFC should change in any way. You must also notify the Co-op Office if your student status or contact information should change in any way.

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Concentration: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: Lockheed Martin Missiles and Fire Control

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Start date: \_\_\_\_\_ Salary: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Detailed explanation of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UTA Career Services Coordinator

\_\_\_\_\_  
Date

You may be entitled to know what information UTA collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.