INTERNSHIP/CO-OP APPLICATION

M Number:	Date of Application:		
Name:			
(Last)	(First)	(Middle)	
Permanent Address:			
(Street)	(City)	(State, Zip)	
Current Address:	(C'1-)	(0+-+- 7!)	
(Street)	(City)	(State, Zip)	
Permanent Phone: ()	Cell Phone: ()		
E-mail Address:			
Classification:			
Freshman	Sophomore	Junior	
Senior	Graduate Student	Irregular	
Area/Major:	Major 2:		
Minor:			
Academic Advisor:			
Degree Pursuing:	Degree Completed:		
Overall GPA: Major GPA:	Date of Graduation:		
The following information is not required but he	elpful in completing statistical information onl	y by the Career Services office.	
Gender: M / F (circle) Ethnic Bac	kground: Birthda	te:	
Are you a U.S. Citizen? Yes / No (circ	e) Are you a veteran? Yes /	Are you a veteran? Yes / No (circle)	
It is the responsibility of the student to assistance needed to perform a job d		n employer of any special	
Student Signature:			

Questions?

Ray Karraker, Coordinator of Internships and Cooperative Education

Murray State University Career Services
100 Oakley Applied Science Bldg
P: 270-809-3117 | F: 270-809-3516 | rkarraker@murraystate.edu



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