



Internship/Co-op Student Enrollment Form

Thank you for applying to the Internship/Co-op Program.
Prepare your application carefully.

Please complete the following steps to enroll in the Internship/Co-op Program.

1. Complete and return this form.
2. Submit your résumé and transcript

Note: Completing an enrollment form DOES NOT guarantee enrollment in the Internship/Co-op program.

Personal Data

_____	_____	_____
Student's Name	DSI #	Anticipated Graduation Date

Address	City/State	Zip

_____	_____	_____
Daytime Phone	Evening Phone	Email Address

Please Indicate Degree Level

- Master degree Bachelor degree Associate degree

Please Indicate Degree Program

- | | |
|--|--|
| <input type="checkbox"/> Biomedical Informatics | <input type="checkbox"/> Electronics Engineering Technology |
| <input type="checkbox"/> Business Administration* | <input type="checkbox"/> Health Information Technology |
| <input type="checkbox"/> Computer Engineering Technology | <input type="checkbox"/> Network and Communications Management |
| <input type="checkbox"/> Computer Information Systems | <input type="checkbox"/> Network Systems Administration |
| <input type="checkbox"/> Electronics and Computer Technology | <input type="checkbox"/> Technical Management* |
| <input type="checkbox"/> Biomedical Engineering Technology | <input type="checkbox"/> Game and Simulation Programming |

***Concentration:** _____

Please Indicate Work Status

- US Citizen Permanent Resident Study Permit

I am interested in

- Co-op (FT or PT):** working while enrolled at least part-time at DeVry/Keller.
- Part-time Internship:** work 15-25 hours per week while enrolled at least part-time at DeVry/Keller.
- Full-time Internship:** work 35-40 hours per week while enrolled at least part-time at DeVry/Keller.

Please Select

- I am interested in paid and unpaid positions I cannot accept an unpaid position

My goal for participating in the Co-op/Internship program is _____

TERMS & CONDITIONS WITH REGARDS TO CO-OP AND INTERNSHIP ENROLLMENT

Career Services will use information provided on the enrollment form to arrange Internship and Co-op positions with employers. DeVry University will provide this information to potential and continuing employers for the sole purpose of employment.

- I CERTIFY that all information provided on the enrollment form and in my resume and transcript is correct and that I will notify the Internship Co-op Office immediately, in writing, in the event of any changes to the information. I understand that falsifying documents or information may result in immediate permanent dismissal from the Internship Co-op Program
- I AUTHORIZE the Internship/Co-op Program to make my resume, grade point average, transcript, and other pertinent information available to current and prospective employers.
- I UNDERSTAND that the Internship/Co-op Program has the right to reject any applicant at its own discretion and to terminate this agreement at any time upon notice to the applicant.
- I AGREE, if admitted to Internship/Co-op Program, to comply with the rules, regulations and responsibilities applicable to an Internship Co-op student.
- I UNDERSTAND that the Internship/Co-op Program will make every reasonable effort to obtain sufficient program- related work placements for me; however, acceptance into the program is not a guarantee of work placement.
- I UNDERSTAND that securing a position is ultimately the responsibility of the student. Therefore, students are also required to complete a personal job search.
- I UNDERSTAND that upon accepting a work term offer of employment, I am required to fulfill this commitment. I am no longer eligible to apply for other work term positions.
- Finally, I agree that I will notify the Internship Coop office as to any changes in plans, which will affect my participation in the Internship/Coop Program.

I have read, understand and accept the conditions listed above.

Name _____ Date _____
(Please print)

Student Signature _____