

College of Engineering
Cooperative Education Program



CO-OP INTEREST FORM

Please fill out the information requested below and return this form to:

Debbie Raposa, Co-op Specialist
Cooperative Education Program, Room 317A
UMass Dartmouth
285 Old Westport Road
North Dartmouth, MA 02747

ORGANIZATION:

Company Name: _____

Division: _____

Street: _____

City, State, Zip: _____

PLEASE TELL US WHICH MAJORS YOU ARE INTERESTED IN FOR CO-OP:

(please check all that apply)

_____ Civil and Environmental Engineering

_____ Computer and Information Science

_____ Computer Engineering

_____ Electrical Engineering

_____ Mechanical Engineering

PLEASE TELL US TO WHOM THE REQUESTED INFORMATION SHOULD BE SENT:

NAME _____ TITLE _____

ADDRESS (Only if different or in addition to the organizational address above)

TELEPHONE: _____ FAX: _____

EMAIL: _____

COMPANY WEB ADDRESS: _____