

# **REGISTRATION**

**Cooperative Education**  
North Dakota State College of Science  
Haverty Hall 105/106  
800 6<sup>th</sup> Street North  
Wahpeton, ND 58076



PLEASE PRINT

Course Title \_\_\_\_\_ 297

Date \_\_\_\_\_

Semester \_\_\_\_\_

ID NUMBER \_\_\_\_\_

Credits \_\_\_\_\_

**(IMPORTANT) Summer Contact Information:**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Last First

HOME ADDRESS: \_\_\_\_\_  
Box/Street City State Zip

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**EMPLOYER INFORMATION (REQUIRED)**

SUPERVISOR FULL NAME: \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

COMPANY MAILING ADDRESS: \_\_\_\_\_  
Box/Street City State Zip

SUPERVISORS PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I understand that by signing this, I am permitting NDSCS Co-op office to register me for the credits listed above for Cooperative Education. I understand and agree to fulfill the Co-op requirements explained to me in the Co-op Guidebook for students. I also agree to pay the Co-op fees and tuition for my Co-op credits earned.

\_\_\_\_\_  
Signature Date

FOR DEPT USE ONLY: Date Student Registered _____	INFO SENT TO COMPANY: _____
Special Notes: _____	SUMMER CONTACT: _____