

**CO-OP/INTERNSHIP INFORMATION SHEET
*BIOLOGY STUDENTS ONLY***

Western Kentucky University
Department of Biology
1906 College Heights Blvd., #11080
Bowling Green, KY 42101-1080
phone: 270-745-3696 fax: 270-745-6856
e-mail: biology@wku.edu

For Office Use Only Items Received: ____ Learning Plan ____ Data Report ____ Employer Evaluation

Student Name _____ WKU ID _____

Student's Cell Phone or Phone No. During Work Period (____) _____

Student's E-mail address _____

Academic Major _____

Co-op/Intern Course Number _____ # of Credit Hours _____

Enrolled during: ____ Spring ____ Summer ____ Fall ____ Winter Year _____

Faculty Member Supervising Course _____

Name of Co-op/Intern Company _____

Company Street Address _____

Company City, State, Zip _____

Company Phone Number (____) _____

Name of Work Site Supervisor _____

Supervisor's Title _____

Supervisor's E-mail Address _____

Date You Will Begin Work _____

Date You Will End Work _____

Hourly Wage _____ Number of Hours Working Each Week _____

Supervising Faculty Member Signature _____

Biology Department Head Signature _____

Return This Completed Form To:

____ Biology Department, Kelly Thompson Hall 3007B, ATTN: Jenny Clauson or E-mail to biology@wku.edu