NESTIP Student Application **Form *A***

Student Information

Last Name_____ First Name_____

Mailing Address_____ City, State Zip_____

Phone Number_____ E-Mail_____

School Name_____ Major_____

Degree Program   B.S.   B.A.   M.S.   Ph.D.   Total credit hours earned toward degree_____

Expected graduation date _____

Academic Advisor_____ Phone_____ E-Mail_____

Has a company agreed to hire you as an intern?   Yes_____   No_____
If yes, please provide company information

Company Information

Name_____ Type of Business_____

Mailing Address_____ City, State Zip _____

Project Supervisor:
 Name_____ Title_____

Phone Number_____ E-Mail_____

Project Title_____

Student Expertise and Interest (Please provide a statement of your interests and technology capabilities.)

_____
_____
_____
_____
_____
_____
_____
_____

_____   _____
Student Signature   Date