

Form EP 2

**Engineering Practice Registration**

**Student's Information** (to be filled by the Engineering Practice Coordinator)

Student's Name:		Student ID:
Major:		Cumulative GPA:
Credits Earned:	Credits this Semester:	Total Credits:
Nationality:	Phone:	E-Mail:
Student Signature:		Date:

**With my signature, I understand that:**

1. The above provided information is correct.
2. The training position cannot be changed unless a formal request has been submitted and approved by EPU.

**Available Training Positions**

Position
1)
2)
3)

**Approved Position** (to be decided by the Department Engineering Practice Coordinator)

Position:
Coordinator, Department Engineering Practice (name and signature)