

CO-OP SCHEDULE FORM

Student Name: _____
 Department: _____
 Anticipated Co-op Start Date: _____

Current Status: (Check One) Soph 2
 Junior 1
 Junior 2
 Senior 1

| | <i>Fall</i> | <i>Spring</i> | <i>Summer</i> |
|------------|--|--|--|
| Freshman | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ |
| Sophomore | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ |
| Junior | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ |
| Pre-Senior | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ |
| Senior | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ | Schedule _____ _____ _____ _____ |

Co-op Advisor Signature _____

Date: _____

Student's Signature _____

Date: _____

Any changes in scheduling must be approved by faculty advisors. The co-op office will not be responsible for students who deviate from their schedules without departmental approval.