

CO-OP SCHEDULE FORM

Student Name: _____

PeopleSoft #: _____

Department: _____

Anticipated Co-op Start Term: _____

Current Status:	Sophomore 2	Junior 1	Junior 2	Senior 1
	<i>Fall</i>	<i>Spring</i>		<i>Summer</i>
<i>Year 1</i>	_____ _____ _____ _____	_____ _____ _____ _____		_____ _____ _____ _____
<i>Year 2</i>	_____ _____ _____ _____	_____ _____ _____ _____		_____ _____ _____ _____
<i>Year 3</i>	_____ _____ _____ _____	_____ _____ _____ _____		_____ _____ _____ _____
<i>Year 4</i>	_____ _____ _____ _____	_____ _____ _____ _____		_____ _____ _____ _____
<i>Year 5</i>	_____ _____ _____ _____	_____ _____ _____ _____		_____ _____ _____ _____

Co-op Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

**Any changes to your class scheduling must be approved by faculty advisors and the co-op office. The co-op office will not be responsible for students who deviate from their schedules without approval. You are expected to adhere to your approved co-op rotations.*