

## CO-OP SCHEDULE FORM

**Student Name:** \_\_\_\_\_

**PeopleSoft #:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Anticipated Co-op Start Term:** \_\_\_\_\_

<b>Current Status:</b>	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.*