



Cooperative Education Schedule

Last Name _____ First Name _____ Date _____

Email Address _____ Tech ID Number _____ Major _____

List the classes you have taken and are now taking and the number of credits for each, making sure to indicate which semester each class list applies to. Write Co-op across the semester(s) you plan to be off campus on the work phase of cooperative education. Then, plan your schedule for the semester you will return to campus. These plans may change if necessary. Have your academic advisor review your plans and sign this form to indicate approval of the plans. Return the completed form to Career Services.

Semester: _____	Semester: _____	Semester: _____
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Semester: _____	Semester: _____	Semester: _____
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Semester: _____	Semester: _____	Semester: _____
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Advisor's Name _____ Advisor's Signature _____ Date: _____