



Cooperative Education Schedule Form

School of Computing & Information

Graduate Level

Student Name: _____ Email: _____ Peoplesoft #: _____

Class Year (i.e., 2nd semester, masters): _____ Anticipated Co-Op Start Term: _____

Please plan out your degree coursework by semester, including the semesters you intend to co-op (masters: 1-2ax 2 rotations; PhD: may work 2+ rotations with departmental consent). Any changes must be approved by your advisor and the co-op office.

	Fall	Spring	Summer
Year 1	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Year 2	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Year 3	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Year 4	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Year 5	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Year 6

Comments: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____