

Cooperative Education Schedule Form

School of Computing & Information

Graduate Level

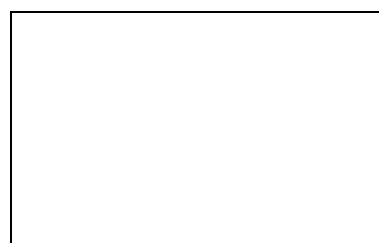
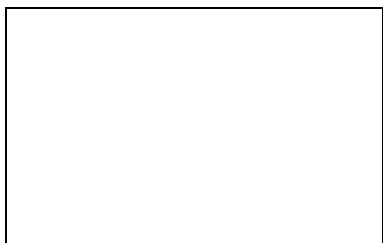
Student Name: _____ Email: _____ Peoplesoft #: _____

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

Please plan out your coursework from start to finish, including the semesters you intend to co-op (masters: 1 rotation allowed; PhD: up to 2 rotations allowed in pre-FTDJ stage). 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



Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____