



Cooperative Education Schedule Form

School of Computing & Information

Undergraduate Level

Student Name: _____ Email: _____ Peoplesoft #: _____

Class Year (i.e., 1st semester sophomore): _____ Anticipated Co-Op Start Term: _____

Please plan out your coursework from start to finish, including the semesters you intend to co-op (2 rotations required if doing co-op for capstone credit). 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			

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____