

Student Co-op Authorization



Program (circle): PhD MS-HCI MS-CS

From: School of Interactive Computing

To: Graduate Co-op Program
Division of Professional Practice

Name: _____ GTID: _____ Date: _____

Co-op offer is (circle):	Part-time	Full-time	
Co-op Term (circle):	Fall	Spring	Summer 20____
Expected Graduation Term (circle):	Fall	Spring	Summer 20____

- Attach a copy of the offer letter to this form.
- Co-op is approved for one semester at a time. Employment start and finish dates must be approximately the same as the semester start and finish.
- Final approval is subject to review by the Graduate Co-op office in the Division of Professional Practice.
- You must register for the Co-op course.
- International students must comply with OIE requirements.

<u>FACULTY ADVISOR</u>	
Student is recommend for the Graduate Co-op Program:	yes no
_____	_____
Faculty Advisor	Date

<u>PROGRAM ADVISOR</u>	
Student meets School requirements for participation in Graduate Co-op Program?	yes no
Has student completed coursework & met degree requirements in order to graduate?	yes no
Has student submitted a degree petition to graduate?	yes no
If yes, what term?	Fall Spring Summer 20____
_____	_____
Program/School Advisor or Graduate Coordinator	Date