REMINDER: Students may not withdraw from the GCP after beginning a Co-op.

Name of Student: ____________________________________________

Student ID: _____________________________

Student Status: Domestic or International (please circle one)

Degree Program Enrolled in: ________________________________

Credit Hours Earned: ____________  Anticipated Graduation Date: ____________

Number of Quarters Enrolled: ____________  Cumulative G. P. A. ____________

Co-op Period desired: (please circle one) Summer/Fall or Fall/Winter

NOTE: A Detailed Plan of Study must accompany this form.

Student: ____________________________________________ Date ____________

Acknowledges that he/she has read and understands the rules for enrolling in the above Graduate Co-op program.

Administrative Offices

This student is approved for admission/continuation in the GCP.

Academic Advisor ____________________________________________ Date ____________

Graduate Co-op Coordinator Signature __________________________ Date ____________

Graduate Studies Office __________________________________________ Date ____________
**GRADUATE CO-OP PROGRAM (GCP) ADMISSION/CONTINUATION FORM**

**Detailed Plan of Study**

Student Name: _______________________________________________________

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<th>Course Number</th>
<th>Course Title</th>
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Project Description:

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Supervising Professor’s Signature: ___________________________ Date __________