COOPERATIVE FIELD EXPERIENCE

TERM: CHECK ONE: □ **FALL** _____ **Year** □ **INTERSEMESTER** _____ **Year** □ **SPRING** _____ **Year** □ **SUMMER** _____ **Year**

STUDENT NAME: _____ **DATE:** _____

MAJOR: _____ **ID# OR SSN:** _____ **ANTICIPATED GRAD YEAR:** _____

DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE (Title to be reflected on student's transcript: To be provided by Coop Dept)	CREDIT HOURS
CFE				

REQUIRED SIGNATURES

Please sign the form and secure <u>only the required signature(s)</u>

_____ _____ _____ _____

Student's signature Date Director of Cooperative Education's signature Date

NOTE: The Coop Experience must be included on the student's approved Education Plan, thereby indicating Advisor's authorization to take the course.

coop_perm_enr
10/08