

MS Student Co-op Authorization



From: Michael Terrell
School of Literature, Media and Communication

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.

PROGRAM ADVISOR

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