

# MS Student Co-op Authorization



From: Brian Magerko  
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