Please complete the following and submit to the Records Office:

This is to confirm that I, __________________________________, have registered for

STUDENT NAME

**WORK EXPERIENCE**
- □ COOP 351 (P/T = 15-20 hrs)
- □ COOP 360 (F/T = 30-40 hrs)

**SEMESTER**
- □ Fall □ 20__
- □ Spring □ 20__
- □ Summer □ 20__

__________________________________
Student Signature

__________________________________
Advisor Signature

__________________________________
Co-op Director Signature

__________________________________
Records Office

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Date

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Date

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Date