



# Registration Confirmation

**COOP 351 (Parallel Work Experience)**  
**COOP 360 (Alternating Work Experience)**

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*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-op Director Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Records Office*

\_\_\_\_\_  
*Date*