Adding Classes During Graduate Co-op Instructions

This form is to be used only for adding a course while on co-op. If you are adding and dropping courses at the same time, please verify which course is being dropped and which course is being added on this form.

Students wishing to add a course while participating in their co-op experience are required to secure eligibility verification from the Steinbright Career Development Center. Eligibility verification requires that the student secure the approval of the appropriate Steinbright representative (i.e., the student’s co-op advisor) before meeting with their academic advisor. The Steinbright representative will ensure that the requested course does not interfere with the student’s co-op assignment and in some cases may outreach to the employer to facilitate this. For more information, please review the Classes During Co-op policy at drexel.edu/scdc/co-op/graduate.

Students on co-op are permitted to register for a maximum of three (3) credits per co-op term. To complete this form, please follow these steps:

- Complete the form and submit it to your co-op advisor or another appropriate Steinbright representative.
- Once the Steinbright representative verifies your eligibility, the form will be returned to you with their signature.
- Submit the completed form to your academic advisor for processing.

Adding Classes During Co-op Form

Your registration is subject to course availability within established enrollment limits. No new course sections will be added.

First Name ____________________________  Last Name ____________________________
University ID ____________________________  Drexel Email ____________________________
Term: ______ Fall  ______ Summer
College/School: ____________________________

<table>
<thead>
<tr>
<th>CRN # (i.e., 32204)</th>
<th>Subject/Course ID (i.e., MATH 630)</th>
<th>Section</th>
<th>Credits</th>
<th>Online Course (Yes/No)</th>
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Co-op Advisor ____________________________  Academic Advisor ____________________________

Signatures

Student Signature ___________________________________________________________  Date __________
Co-op Advisor ___________________________________________________________  Date __________
Academic Advisor _________________________________________________________  Date __________

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