



DREXEL UNIVERSITY

Graduate College

GRADUATE CO-OP PROGRAM (GCP) ADMISSION/CONTINUATION FORM

REMINDER: *Students may not withdraw from the GCP after beginning a Co-op.*

Student's Name: _____

Student ID: _____ **Student Email:** _____

Student Status: Domestic or International (please circle one)

Degree Program Enrolled in: _____

Credit Hours Earned: _____ **Number of Quarters Enrolled:** _____

Anticipated Graduation Date: _____ **Cumulative GPA:** _____

Experience Desired: Summer/Fall or Fall/Winter (please circle one)

6 Month Co-op or 3 Month Co-op (please circle one)

Title of Position or Description of Job: _____

Company Name: _____

Supervisor's Name: _____ **Supervisor's Email:** _____

Supervisor's or Company's Address: _____

Start Date: _____ **End Date:** _____

PLEASE NOTE: *A detailed Plan of Study must accompany this form.*

Student's Signature: _____ **Date** _____

The above student acknowledges that he/she has read and understands the rules for enrolling in the above Graduate Co-op program.

ADDITIONAL REQUIRED SIGNATURES

This student is approved for admission/continuation in the GCP.

Supervising Professor: _____ **Date** _____

Graduate Co-op Coordinator: _____ **Date** _____

Graduate College: _____ **Date** _____

ISSS (if international applicant): _____ **Date** _____

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Detailed Plan of Study

Student's Name: _____

Please list ALL courses taken.

<u>Course Number</u>	<u>Course Title</u>	<u>Credits Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project Description:

CHECK ONE THAT YOU APPROVING: **6 Month Co-op** **3 Month Co-op**

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM:

Job Description **Job Offer Letter** **Signed Graduate Student Co-op Agreement**

Supervising Professor's Signature: _____ **Date** _____