

# Employer Approval for Course While on Co-op

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## TO BE COMPLETED BY STUDENT

This form is only valid for the course(s) indicated below. Please submit this form to your co-op advisor once signed.

Student Name	Student ID
Employer/Company Name	Co-op Advisor
Academic Year	Term: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>

CRN # (i.e., 20758)	Subject/Course ID (i.e., ACCT 101)	Section	Meeting Days/Time	Credits

I am requesting permission to register for a course(s) on co-op that may affect my work schedule. I understand that this request is only for the course(s) above.

Student Signature	Date
E-mail Address	

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## TO BE COMPLETED BY THE EMPLOYER/SUPERVISOR

I approve of the adjustments to the student's co-op work schedule for the indicated course(s).

Supervisor Name	Date
Supervisor Signature	E-mail Address