Co-Op Student Schedule to Graduation Advisement Checklist

Name:_____ **Date _____**

Major:_____ **Semester on Co-Op:_____**

Below, please list all courses that you must complete in order to graduate:

Course	# Credits		Course	# Credits		Course	# Credits

Total Credits Remaining:_____

Place each of the courses in the semester that they will most likely be offered:

Fall/Spring/Summer 20___		Fall/Spring/Summer 20___		Fall/Spring/Summer 20___	
Course	**# Credits**	**Course**	**# Credits**	**Course**	**# Credits**
Total Credits		**Total Credits**		**Total Credits**	

Fall/Spring/Summer 20___		Fall/Spring/Summer 20___		Fall/Spring/Summer 20___	
Course	**# Credits**	**Course**	**# Credits**	**Course**	**# Credits**
Total Credits		**Total Credits**		**Total Credits**	

Student Signature:_____ **Advisor Signature:_____**

Print Advisor Name: _____