

Co-Op Student Schedule / 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: _____

First, enter the word "Co-op" in the appropriate semester.

Enter the courses in the semesters you plan to take them in when you return.

Make sure you circle one for each semester: Fall/ Spring/ Summer

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: _____ SEAS Advisor Signature: _____

Print Advisor Name: _____