For Co-op Students ONLY

CLARKSON UNIVERSITY
Cooperative Education Program
Academic Plan

Student Names (Please Print) **Student Number** **Academic Department**

Please review before completing:

Prior to participation in the co-op program, a proposed schedule for completion of the student's academic program (including the work period) must be approved by the student's advisor, SAS Representative and the Career Center. It is important that this information be accurate and that any changes be forwarded to the Career Center *immediately*. Please indicate if each course is required or an elective in the student's program. The most recent Register of Course Descriptions and Summer School brochure should be reviewed to determine the courses likely to be offered each session if the student is interested in summer school

Fall 2010	**R/E**	**Spring 2011**	**R/E**	**Summer 2011**	**R/E**
Fall 2011	**R/E**	**Spring 2012**	**R/E**	**Summer 2012**	**R/E**
Fall 2012	**R/E**	**Spring 2013**		**Summer 2013**	**R/E**

I approve this academic program for the above-named student.

ACADEMIC ADVISOR (PLEASE PRINT) SIGNATURE DATE

I met with the above-named student to review his/her financial assistance situation, as it will be affected by the Cooperative Education Program.

SAS REPRESENTATIVE (PLEASE PRINT) SIGNATURE DATE

I am agreement to carry out the above schedule to the best of my abilities.

STUDENT SIGNATURE DATE

This Academic Plan has been reviewed by:

CAREER CENTER REPRESENTATIVE SIGNATURE DATE