

REQUEST FOR ADDITIONAL COURSES DURING CO-OP

Date _____

First Name _____

Last Name _____

MU University ID 901- _____

MU E-mail _____ Phone _____

Academic Year _____ Term: ___ Fall ___ Spring ___ Summer

Major _____ Year: SO JR SR (circle one)

CRN#	Subject/Course ID	Section	Credits	Day/Time or Virtual

Co-op Placement _____

Daily Work Schedule _____

Student's Signature

Date

Employer's Signature

Date

Advisor's Name (Print)

Employer's Name (Print)

Advisor's Signature

Date

Co-op Coordinator's Signature

Date

Return form to drown12@marshall.edu prior to registration.

