

Request for Individualized Co-op Plan

The University of Toledo EECS Department

Student Name: _____

Rocket Number: _____

Current Co-op Plan: _____

E-mail: _____

1. Why are you requesting an individualized co-op plan? Please attach a separate sheet explaining why your co-op plan needs to be changed.
2. Please provide a plan for completing your degree. ALL remaining required courses must be listed as well as the electives (Technical or Humanities/Social Sciences/Multicultural) being taken in a given term. Use the back of the form if necessary.
3. Turn this in to your Co-Op Director FIRST. It will then be circulated among the appropriate people.

Fall 20__
Credit Hours:

Spring 20__
Credit Hours:

Summer 20__
Credit Hours:

Fall 20__
Credit Hours:

Spring 20__
Credit Hours:

Summer 20__
Credit Hours:

Fall 20__
Credit Hours:

Spring 20__
Credit Hours:

Summer 20__
Credit Hours:

Student Signature

Date

Support Oppose _____
Co-Op Director

Date

Approve Deny _____
Student Services Director

Date

Approve Deny _____
Undergraduate Director

Date