

## Graduate Co-op Approval Memo

From: \_\_\_\_\_

*Advisor's Name*

To: Ken Little, Assistant Director/ Program Coordinator  
Division of Professional Practice  
Graduate Cooperative Education Program

Date: \_\_\_\_\_ Student Name & Major: \_\_\_\_\_

GTID#: \_\_\_\_\_

Below is academic department approval for this student to participate in the Graduate Co-op Program during the \_\_\_\_\_ semester(s). This student is approve for (circle one) part-time/full-time graduate co-op employment related to his/her major.

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### FOR MAJOR SCHOOL ONLY

Student meets school requirements for:

Participation in the Graduate Co-op Program: \_\_\_\_\_ (yes/no)

Student is recommended for the Graduate Co-op Program: \_\_\_\_\_ (yes/no)

Has this student met his/her degree requirements and/or course work requirement in order to graduate? \_\_\_\_\_ (yes/no)

Has the student submitted a degree petition to graduate? \_\_\_\_\_ (yes/no)

If yes, what term? \_\_\_\_\_

\*\*\*\* Please indicate the student's expected graduation date \_\_\_\_\_

**Both signature lines must be signed for processing:**

\_\_\_\_\_  
*Academic Advisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Graduate Coordinator's Signature*

\_\_\_\_\_  
*Date*