

COOPERATIVE EDUCATION PROGRAM
NORTH CAROLINA STATE UNIVERSITY

PLAN OF WORK AND STUDY

NAME _____ MAJOR _____ ID# _____

EMPLOYER/LOCATION _____

List when you plan to work (full or part time) and the courses you plan to take during each semester and summer. Discuss the plan with your academic adviser.

RETURN COMPLETED FORM TO THE CO-OP OFFICE.

Spring ____
(Jan. - May) _____

Summer ____
(May - Aug.) _____

Fall ____
(Aug. - Dec.) _____

Spring ____
(Jan. - May) _____

Summer ____
(May - Aug.) _____

Fall ____
(Aug. - Dec.) _____

Spring ____
(Jan. - May) _____

Summer ____
(May - Aug.) _____

Fall ____
(Aug. - Dec.) _____

(if needed, use reverse side to continue) Expected date of graduation (month and year) _____

Actual dates for beginning or ending a work session may vary depending upon the needs of the employer. However, the awarding of a Cooperative Education Program Certificate requires that the undergraduate student work the **minimum equivalent of one year full-time.**

I intend to work the full assignment period specified by the dates above unless a necessary change arises and is approved by the NCSU Co-op Office.

Signature of Academic Adviser Date Signature of Student Date