

COOPERATIVE EDUCATION PROGRAM

**NORTH CAROLINA STATE UNIVERSITY
Box 7110, Raleigh, NC 27695-7110
919.515.2300**

SPECIAL REQUEST FORM

DATE: _____

This petition should be completed and returned to the NC State Co-op Office.

Last Name First MI Major Student ID#

Company

Supervisor Telephone E-mail Address

I wish to make the following request for the reason(s) specified below.

REQUEST:

REASON:

(If more space is needed, please attach additional sheets)

I certify that the information provided on this petition is accurate.

Student's Signature

I certify that the above named student has discussed this action with me.

(Comments optional)

Company Supervisor's Signature Date

Company Coordinator's Signature Date

Academic Adviser Signature Date

OFFICE USE ONLY

Co-op Office Action:

Approved Refused

Comments:

NC State Coordinator/Director

Date

Original to: NC State Co-op Office
Copies to: Student
 Adviser
 Company/Employer