

COE COOP Checklist

To be filled by the student academic advisor

Student Name: _____

Student ID: _____

GPA	Cumulative	<input style="width: 90%;" type="text"/>	Major	<input style="width: 90%;" type="text"/>
Credit hours	Completed	<input style="width: 90%;" type="text"/>	Remaining	<input style="width: 90%;" type="text"/>
Graduation term	With COOP	<input style="width: 90%;" type="text"/>	Without COOP	<input style="width: 90%;" type="text"/>

Completed all required level 1 courses: Yes No

Completed all required level 2 COE courses: Yes No

Completed all required level 2 ICS courses: Yes No

Recommend student to go for COOP Yes No

Course	Term	Grade
COE 306		
COE 344		
COE 300		
Engl 214		
ICS 324		

Advisor Name: _____ Date: _____

Signature: _____