

# UHCL Determination of Academic Eligibility for Co-op Program (Stage 1)

Include a copy of your approved Candidate Plan of Study and the Student Co-op Agreement with this application

First and Middle Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

ID # \_\_\_\_\_ Major \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_

Expected Grad Date \_\_\_\_\_ UHCL GPA \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Do you have an on-campus job? Yes \_\_\_\_\_ No \_\_\_\_\_ If, yes, where and who is your supervisor ? \_\_\_\_\_

## **• Bachelor's Level Students**

Have you completed 12 hours of class credit at UHCL not including transfer credit? Yes \_\_\_\_\_

No \_\_\_\_\_ If "no," by when will you meet this requirement? \_\_\_\_\_

What Freshman and Sophomore courses do you have left to take? \_\_\_\_\_

## **• Master's Level Students**

Have you completed 9 hours in your graduate program at UHCL not including transfer credit? Yes \_\_\_\_\_

No \_\_\_\_\_ If "no" by when will you meet this requirement? \_\_\_\_\_

What Foundation courses do you have left to take? \_\_\_\_\_

Do you have an IA, RA or TA position? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," who is the professor or supervisor you report to? \_\_\_\_\_

**• Do you have a co-op job offer? Yes Then fill out the back of this form**  
**No Then stop**

----- **Office use only** -----

### **Determination of Academic Eligibility for Co-op (Stage 1)**

Career Services \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible Comments: \_\_\_\_\_

International Office \_\_\_\_\_ Date \_\_\_\_\_

### **(For International Students ONLY)**

\_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible Comments: \_\_\_\_\_

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law), (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

# UHCL Approval to Start/Continue Co-op Job (Stage 2)

Include a copy of your Job Approval Form

First Name(s) and Initial(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone – Daytime \_\_\_\_\_ Phone – Evenings \_\_\_\_\_

Email \_\_\_\_\_

Will you need Co-op authorization to legally work off-campus? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed on-campus? Yes \_\_\_\_\_ No \_\_\_\_\_ If, yes, where? \_\_\_\_\_

Are you a T/A, I/A or R/A or have you agreed to be one in the future? Yes \_\_\_\_\_ No \_\_\_\_\_ For which professor and what semesters? \_\_\_\_\_

Start date of your co-op job \_\_\_\_\_ Number of hours work per week \_\_\_\_\_ Expected Grad Date \_\_\_\_\_

For all semesters starting with the current semester through to graduation, provide the following information:

Spring/Summer/Fall	Year	# of credit hours other than co-op	# of co-op course credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

----- **Office use only** -----

**Approval to start co-op job** \_\_\_\_\_ Date student was determined eligible for co-op \_\_\_\_\_

Career Services Approval \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean Approval \_\_\_\_\_ Date \_\_\_\_\_

International Office \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Is this student a T/A for your academic unit? \_\_\_\_\_

Does student need to drop classes this semester to start work? \_\_\_\_\_

Do there appear to be any problems with the student's future progression toward a degree?