

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** -----

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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?