

FACULTY APPROVAL FOR CO-OP WORK EXPERIENCE

Program of Study: _____ **Program GPA:** _____

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel)

Course COE: _____ **Suffix:** _____ **Section:** _____ **Semester:** _____

Faculty Coordinator Comments:

I verify that (Student Name): _____ **meets the eligibility requirements for co-op and has my recommendation to participate in co-op.**

Faculty Coordinator Name _____ **Phone #:** _____

Faculty Coordinator Signature: _____ **Date:** _____

