

Request for Individualized Co-op Plan

The University of Toledo EECS Department

Student Name: _____

Student ID: _____

Current Co-op Plan: _____

E-mail: _____

1. Why are you requesting an individualized co-op plan? Please attach a separate sheet explaining why your co-op plan needs to be changed.
2. Please provide a plan for completing your degree. **ALL** remaining required courses must be listed as well as the electives (Technical or Humanities/Social Sciences/Multicultural) being taken in a given term. Use the back of the form if necessary. If you are in doubt about which terms a course is offered a chart may be found on the department web site or you may consult the co-op A and B plans. Degree audit reports are available from the department and may be of assistance in determining what courses and requirements must still be completed.
3. Turn this in to your Co-op Director FIRST. It will then be circulated among the appropriate people.

Fall 20 ____
Credits

Spring 20 ____
Credits

Summer 20 ____
Credits

Fall 20 ____
Credits

Spring 20 ____
Credits

Summer 20 ____
Credits

Fall 20 ____
Credits

Spring 20 ____
Credits

Summer 20 ____
Credits

Student Signature _____
Date

? Support ? Oppose

Co-Op Director _____
Date

? Approve ? Deny

Academic Program Coordinator _____
Date

? Approve ? Deny

Undergraduate Director _____
Date