

# Chemical Engineering Co-op Program Request for Change in Work Schedule Plan Form

EMAIL COMPLETED FORM (PART I) TO ASSIGNED ACADEMIC ADVISOR\*

**Part I:**

PUID \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ ACADEMIC ADVISOR \_\_\_\_\_

DATE \_\_\_\_\_

Original Approved Work Schedule:

Semester/Term	Semester/Term	Semester/Term	Semester/Term	Semester/Term

Proposed New Work Schedule:

Semester/Term	Semester/Term	Semester/Term	Semester/Term	Semester/Term

**Supplemental Information**

Please include the following information within your email to your assigned Academic Advisor.

1. A revised copy of your Plan of Study
2. Reason for rotation change

**Part II:****Chemical Engineering Co-Op Office:**

Approved

Not approved

DECISION		

If not approved, reason for denial:

Chemical Engineering Academic Advisor: \_\_\_\_\_

Chemical Engineering Co-op Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

\*The review process can take up to a week, sometimes longer (especially during registration period). Therefore, please submit your request as early in the semester as possible.