

Mechanical Engineering Change of Co-op Rotation Form

EMAIL COMPLETED FORM (PART I) TO ASSIGNED ACADEMIC ADVISOR

Part I:

PUID _____ LAST NAME _____ FIRST NAME _____

EMAIL _____ ACADEMIC ADVISOR _____

DATE _____

Original Approved Rotation Schedule:

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

Proposed New Rotation 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:

Mechanical Engineering Department:

DECISION	
Approved	
Not Approved	

If not approved, reason for denial:

School of Mechanical Engineering Academic Advisor: _____

School of Mechanical Engineering Co-op Coordinator: _____

Date: _____