

Mechanical Engineering Termination of Co-op Form

EMAIL COMPLETED FORM (PART I) TO ASSIGNED ACADEMIC ADVISOR

PUID _____ LAST NAME _____ FIRST NAME _____

EMAIL _____

ACADEMIC ADVISOR _____

Timing of final Co-op Work Session (semester/year) _____

I **no longer** wish to complete the Co-op Program as of _____ (date).

My reason for quitting is:

Student Signature: _____

ME Co-op Coordinator Signature: _____

Advisor Signature: _____

Date: _____

I have been terminated from the Co-op Program by the ME Co-op Coordinator and/or my Company.

Student Signature: _____

ME Co-op Coordinator Signature: _____

Advisor Signature: _____

Date: _____

Internal (reason for termination):