

Department Name: Mechanical Engineering Department

Coop Checklist

To be filled by the student under the supervision of the academic advisor

Student Name: _____ ID

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Cumulative GPA Major GPA

Credit hours Completed Registered Remaining

Exp Graduation Term With coop Without coop (if possible)

Completed All Required Level 1 courses Yes No

Completed All Required Level 2 courses Yes No

Course	Term	Grade
Engl 214		
ME 307		
ME 309		
ME 315		

Recommended student to go for COOP Yes No

Advisor Name: _____

Department Stamp:

Signature: _____