



**To Be Completed by Student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

VT ID# \_\_\_\_\_ Estimated program completion date: \_\_\_\_\_

Level:  Master's Thesis Academic program/major: \_\_\_\_\_

Master's Non-Thesis

Doctorate

Proposed co-op dates: Start date \_\_\_/\_\_\_/\_\_\_ End date \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_

**To Be Completed by Academic Advisor**

The graduate co-op experience is intended to be an integral part of a graduate student's academic program, providing on-the-job experience that satisfies academic requirements or allows students to apply knowledge they have acquired through course work or research as they progress to degree completion. The academic advisor's signature confirms that the proposed work experience is relevant to the student's academic program.

**Academic Advisor Certification:**

I hereby certify that I have read the job offer letter and consider this employment to be an integral part of the student's established curriculum as indicated below.

The proposed training is a required part of the academic program

The proposed training is not required but is directly related to the student's field of study. The training will count toward the completion of GRAD 5944 or GRAD 7944 listed on the student's plan of study.

Academic Advisor (*print*) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**To Be Completed by Graduate Student Services**

Approved as proposed

Denied; does not meet co-op eligibility criteria

Graduate Student Services Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_