Career Opportunities and Employer Relations
Co-op Registration Form

First Name ___________________ Last Name ___________________ Student # _______ Major _______

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate Student

Have you ever been on co-op before? ☐ YES  ☐ NO

Co-op Term (One semester per form)
(Fee statements will be sent to your permanent address unless you specify a billing address. Contact the Registrar’s Office or use Joe'SS to check your billing address and make corrections if needed. A separate fee statement is issued for each co-op term: spring, summer and fall).

☐ Spring_______ ☐ Summer_______ ☐ Fall_______

Check one:
☐ I am pre-registered for the above term and would like to cancel my classes and add co-op.

☐ I am pre-registered for the above term and would like to retain my classes and add co-op.

☐ I am not pre-registered for the above term and would like to register for co-op.

Check one:
☐ Co-op Work Program Fee
   I understand that the co-op work program fee is the equivalent of the educational fee for 1 in-state credit hour (regardless of residency) and is applied for each co-op term (summer, fall, and spring). I also understand that it does not earn any credit hours.

☐ 202 Co-op Course for Credit
   (Must have your advisor’s signature in the “Department Credit Approval” section below)
   I understand that the 202 co-op course for credit enrolls me in the number of credit hours pre-approved by my academic advisor. I also understand that course fees follow the university fee rate, and apply in-state/out-of-state charges according to residency status.

   I understand that I will maintain my student status when registering in either the co-op work program or the 202 co-op course (while working in a cooperative education work program) for each registered semester.

Student’s Signature: ___________________________________________ Date: _____________

COER Representative’s Signature: ____________________________ Date: _________________

202 CO-OP COURSE - DEPARTMENT CREDIT APPROVAL

I have discussed credit options with the above named Missouri S&T Student, and agree that their co-op experience will make him/her eligible to earn 1 / 2 / 3 (circle one) credit hours after completing the co-op term stated above.

Advisor Name: ___________________ Department: ________ Advisor Signature __________________________

(FOR REGISTRAR’S OFFICE USE ONLY)

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<thead>
<tr>
<th>Department</th>
<th>Class Number</th>
<th>Credit Hours</th>
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