

**EMPLOYMENT CHANGE REQUEST**

Co-op students must file an Employment Change Request if they choose to change their co-op schedule in any way, resign from a co-op employer, or change an internship into a co-op. This form, along with letters of resignation or other supporting documentation must be submitted to their Engineering Career Development Advisor.

**Student Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Major: \_\_\_\_\_

Anticipated Graduation (Month/Year): \_\_\_\_\_

Student ID: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Purpose of Request**

Change Schedule \_\_\_\_\_ Leave Employer \_\_\_\_\_ Change Internship to Co-op \_\_\_\_\_

**Updated Schedule**

Please circle **W = Work** or **S = School** to indicate what your schedule will be, inclusive of the changes you are making.

| 1 <sup>st</sup> Year |   |    |    | 2 <sup>nd</sup> Year |   |    |    | 3 <sup>rd</sup> Year |   |    |    | 4 <sup>th</sup> Year |   |    |    | 5 <sup>th</sup> Year |   |    |
|----------------------|---|----|----|----------------------|---|----|----|----------------------|---|----|----|----------------------|---|----|----|----------------------|---|----|
| Year 20__-20__       |   |    |    | Year 20__-20__       |   |    |    | Year 20__-20__       |   |    |    | Year 20__-20__       |   |    |    | Year 20__-20__       |   |    |
| F                    | W | Sp | Su | F                    | W | Sp | Su | F                    | W | Sp | Su | F                    | W | Sp | Su | F                    | W | Sp |
| W                    | W | W  | W  | W                    | W | W  | W  | W                    | W | W  | W  | W                    | W | W  | W  | W                    | W | W  |
| S                    | S | S  | S  | S                    | S | S  | S  | S                    | S | S  | S  | S                    | S | S  | S  | S                    | S | S  |

Clearly state the change you indicated in the table above. Example: Drop Fall 2015, Add Spring 2016.

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**Co-op Site Information**

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signatures**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Resignation Letter and Supporting Documentation Turned In?**

Yes \_\_\_\_\_

No \_\_\_\_\_