

# Mechanical Engineering Approval Form for Enrollment in EGR 3303-Engineering Co-op

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**General Conditions:** ✓ By checking the boxes below, I **acknowledge and agree to** the conditions for enrollment in EGR 3303. Complete either Option A or B.

- A.**  I am **not** requesting that EGR 3303 be substituted for a required Technical Elective course in the ME program.
- I understand that the co-op program requires a minimum of 15 hours/week employment a minimum of 15 weeks during the fall and spring semesters, or 10 weeks during the summer.
  - I understand that I cannot enroll in more than twelve (12) semester credit hours, including EGR 3303 in the co-op semester.
  - I have completed EGR 2513 Dynamics with a grade of C- or better.

- B.**  **I am requesting** that EGR 3303 be substituted for a required Technical Elective course in the ME program.
- I understand that the co-op program requires **full-time** employment a minimum of 15 weeks during the fall and spring semesters, or 10 weeks during the summer.
  - I understand that I cannot enroll in any other courses, except EGR 3303, during the co-op semester.
  - I understand that no more than 3 semester credit hours of Engineering Co-op may apply to a bachelor's degree.
  - I have completed ME 3263, ME 3663, and ME 3813 with grades of C- or better.

**For either option A or B above, all of the following must be achieved.**

- I have attached a signed job description on company letterhead from my employer that describes the type of technical work I will be performing during the co-op semester.
- I have attached a copy of my most recent transcript.
- I understand that the ME Undergraduate Advisor of Record (UGAR) will appoint the instructor for my EGR 3303 Co-op.
- I agree to submit a technical report describing the engineering work conducted during the co-op semester. The report must be submitted to the EGR 3303 co-op instructor by the first day of final exam week.
- The co-op instructor will review my final report and issue a final grade of either credit or no-credit.

**Your signature on this document confirms your acceptance of these conditions for participation in the College of Engineering – Cooperative Education Program in Engineering.**

	<u>Co-op Placement Information</u>
_____ Student Signature <span style="float: right;">Date</span>	Company Name: _____
_____ Advisor Signature	Address: _____
_____ Dep. Chair's or UGAR Signature <span style="float: right;">Date</span>	City/State/Zip: _____
_____ Assigned Faculty Co-op Instructor (Print name)	Position Title: _____
_____ Assigned Faculty Co-op Instructor Signature <span style="float: right;">Date</span>	Start Date: _____ End Date: _____
_____ Department Assigned CRN #	Hrs/week: _____ Pay per Hour: \$ _____
_____ Associate Dean Signature <span style="float: right;">Date</span>	Contact information of supervisor: _____ _____ How did you find this opportunity? _____