Application for Co-Op <u>14:125:496/497</u> (6 cr.)

DEPARTMENT OF BIOMEDICAL ENGINEERING

*This form **MUST** be completed **BEFORE**_registering for Co-op. It must be approved by the Undergraduate Director. Then given to Undergraduate Administrator, who will assign a special permission number. *

ident's Name (Print)		<u> </u>	
	(Last)	(First)	(RUID)
none:		Class of:	
nail:		Course: 125:496_	or 125:497
rst day of Work:		Last day of Worl	k:
EMPLOYER INFORMATI	ON		
mploying Institution:			
upervisor/Contact Name(s):			
		2	
Phone/Fax:		Phone/Fax:	
mail:		Email:	
ob Description: Regulations:			
Regulations: a. Co-op credits counts a b. Graded on a Pass/No c. Final report (1-2 pages d. Supervisor(s) MUST s e. Up to 6 additional cr f. work *continuously nitial here f. Register during open r	as a Technical E o Credit scale. s) MUST be subresubmit evaluation redits may be taken the for 6 months (in ment required.	lectives ONLY. No Exce mitted to * <u>UG Director</u> * at to * <u>UG Director</u> * at the e en while on Co-op. Only <u>O</u> Semester + Summer [not	eptions! t end of Co-op summariend of the Co-op. ONE course during the conegotiable]).
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