



511 Goodell Building
413-545-2224 | careerservices@umass.edu
www.umass.edu/careers

DEPARTMENTAL ADVISOR PERMISSION

I give my permission for _____
Student Name

to participate in a Cooperative Education work placement for

FALL _____ SPRING _____ SUMMER _____ 20_____
(Circle one or more)

at _____
Company Name Location

I have spoken to the student named above and agree that the student will not lose his/her standing as a major within this department while participating in the Cooperative Education Program.

(Signature) Faculty Advisor

(printed name)

Department

Telephone

Date

OPTIONAL—FOR DEPARTMENTAL USE

COURSE SELECTION FOR RETURNING
SEMESTER:

HAVE YOU ARRANGED FOR:

_____ Financial Aid
_____ Housing for your return
_____ Health Insurance

IPO Approval of International Co-op's

Date