



511 Goodell Building  
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[www.umass.edu/careers](http://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.

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(Signature) Faculty Advisor

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(printed name)

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## *Department*

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**Telephone**

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*Date*

OPTIONAL—FOR DEPARTMENTAL USE

## COURSE SELECTION FOR RETURNING SEMESTER:

#### HAVE YOU ARRANGED FOR:

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## Financial Aid

## Housing for your return

Health Insurance

## IPO Approval of International Co-op's

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Date