



Cooperative (Co-Op) Education Program
Student Full-Time Enrollment Verification Request

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

Student and Co-Op Information

Student Name: \_\_\_\_\_
Kent State ID: \_\_\_\_\_ Kent State E-mail: \_\_\_\_\_
Student's College: \_\_\_\_\_ Degree Program: \_\_\_\_\_
Co-Op Term: [ ] Fall [ ] Spring [ ] Summer Co-Op Year: \_\_\_\_\_
Co-Op Course ID: \_\_\_\_\_ Co-Op Section CRN: \_\_\_\_\_
Co-op Section Title: Cooperative Education: \_\_\_\_\_
name will appear in course title on student's transcript

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

Employer Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Supervisor Contact: \_\_\_\_\_
Name/Title Email Phone

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Approval Information

Kent State Co-Op
Coordinator: \_\_\_\_\_
print name

\_\_\_\_\_
signature approval date

OEECE ONLY

REGISTRAR'S OFFICE ONLY

(date)
Sent to Registrar: \_\_\_\_\_ Completed on: \_\_\_\_\_
Copy to Student: \_\_\_\_\_ Completed by: \_\_\_\_\_