

Academic Advisor Support Form

UH Cooperative Education Program (CO-OP)

* This form should NOT be completed by students that require CPT.

This form is for U.S. Citizens, DACA Recipients, & Permanent Residents

Student Name: First and Last (print): _____

Student UH ID: _____

Current Major: _____

Proposed CO-OP: Semester & Year _____

Are you a UHin4 participant? NO YES* (initial) _____

*I understand that accepting this CO-OP opportunity does not exempt me from the four-year graduation requirement under the UHin4 plan. This CO-OP program may trigger the loss of UHin4 benefits and the possible loss of fixed tuition benefits. It is my responsibility to discuss with my major academic advisor how this will impact my UHin4 and Fixed Tuition eligibility. **Both the College Advisor and Academic Advisor signatures are required for UHin4.**

*In addition to the above, by signing below, I indicate that I am in good academic standing within my college, that I have met with my Academic Advisor about my CO-OP internship offer, & that I understand how accepting this CO-OP opportunity will impact my academic plan. **If not in UHin4, the College Advisor signature is not required.***

Student Signature: _____ Date _____

*By signing below, I indicate the student above is in good academic standing within our college, has met with me about the CO-OP internship offer, and we discussed how accepting this CO-OP opportunity will impact the academic plan. **Both the College Advisor and Academic Advisor signatures are required for UHin4.***

Academic Advisor Major, Name (print): _____

Academic Advisor in the Major, Signature: _____ Date _____

College Advisor Major, Name (print): _____

College Advisor Signature _____ Date _____