

Fill out this form each semester you are registered for COOP/Practical Training
 Semester and Year: Fall Spring Summer 2016 2017 2018

NAME: _____ **UV ID:** _____
First Name Middle Name Last Name

What Degree are you seeking? (✓one)
Bachelor of: Science Arts Fine Arts Master's
Associate in: Science Arts Applied Science

What Major are you seeking? _____

Are you seeking an Emphasis/Concentration? If YES, please list: _____

Are you seeking a Minor, 2nd Bachelor or Dual Major? If YES, please list: _____

Employer: _____ **Employer Phone:** () _____

Employer Address: _____
Street City State Zip

Immediate Supervisor: _____

UVU COOP/Practical Training Coordinator: _____

ENROLLED COURSE: 281R 481R **CREDIT HOURS ENROLLED:** _____
SCHEDULED WORKING TIMES:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

ENROLLED COURSE: 285R 485R **CREDIT HOURS ENROLLED:** _____
CORRELATED CLASS SCHEDULE (online/TBA):

Day _____ Time _____

I certify that I am enrolled for the appropriate practical training classes
 and that I am employed in a position relative to my educational objective.

STUDENT SIGNATURE/APPROVAL: _____ **DATE:** _____

FOR OFFICE USE

I certify that the above named veteran is enrolled in the practical training class
 related to his/her educational objective as stated herein, and has arranged to attend
 the appropriate correlated class and/or meet with me at least once a week to discuss work related matters.

UVU COOP/PRACTICAL TRAINING COORDINATOR SIGN: _____ **DATE:** _____