Application for Co-Op <u>14:125:496/497</u> (6 cr.)

DEPARTMENT OF BIOMEDICAL ENGINEERING

*This form **MUST** be completed **BEFORE**_registering for Co-op. It must be approved by the Undergraduate Director. Then given to Undergraduate Administrator, who will assign a special permission number. *

Student's Name (Print)		•	#
	(Last)	(First)	(RUID)
Phone:		Class of:	
Email:		Course: 125:496_	or 125:497
First day of Work:		Last day of Work	x:
II. EMPLOYER INFOR	MATION		
Employing Institution:			
Supervisor/Contact Name(s	s):		
1		2	
Phone/Fax:		Phone/Fax:	
Email:		Email:	
Job Description:			
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Job Description: II. Regulations: a. Co-op credits co b. Graded on a Pa c. Final report (1-2 d. Supervisor(s) M	ounts as a <u>Technical Ele</u> uss/No Credit scale. 2 pages) MUST be submi IUST submit evaluation to	ctives ONLY. No Exce tted to *UG Director* at o *UG Director* at the e	ptions! end of Co-op summarind of the Co-op.
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