

ACADEMIC STATUS FORM

Please type or print:

Student's Name

College/University

Current Level of Education (Freshman, Sophomore, Junior or Senior)

Projected Graduation Date

If the student has completed all academic requirements, please provide a letter of proof. The letter of proof must come from the Dean of the department, or the student may submit a copy of his degree as proof of program completion.

I have met with the above student and discussed both his academic status and work/school schedule.

Name of College/University Cooperative Education Coordinator

Signature

Date

Supervisor's Signature

Date

NOTE: Return completed form to: John H. Glenn Research Center
Co-op Coordinator
Mail Stop: 500-301
21000 Brookpark Rd
Cleveland, OH 44135