THE UNIVERSITY OF ALABAMA
Cooperative Education
and Professional Practice Program

PETITION FOR CHANGE IN CO-OP STATUS

Student Name _____ **CWID** _____

1. Check the Appropriate Petition Category:

Petition Category	Supporting Documentation Required
❑ Class Scheduling Conflict	1) Written or email statement from academic advisor stating that it is academically necessary for alternation schedule change 2) Extensive type written justification from student with desired starting semester date of next work semester (and subsequent work periods where applicable) 3) Completion of Section 2 - Revised Alternation Schedule
❑ Change in Alternation Schedule for reasons other than class scheduling conflict	1) Extensive type written justification from student with desired starting semester date of next work semester (and subsequent work periods where applicable) 2) Written or email statement from supervisor stating need for change in alternation schedule 3) Completion of Section 2 - Revised Alternation Schedule
❑ Notification of Change in Academic Major	1) Written statement from student detailing new major and the date change is to occur. Please indicate if you are also changing divisions. *Note: Placement with another Co-op employer is dependent upon availability of positions.*
❑ Change of Employer	1) Extensive type written justification from student 2) Letter of resignation to Co-op employer to be sent by Co-op Office should your petition be approved *Note: Placement with another Co-op employer is dependent upon availability of positions.*
❑ Request to withdraw from the Co-op Program in good standing	1) Extensive type written justification from student 2) Letter of resignation to Co-op employer to be sent by Co-op Office should your petition be approved

2. Complete the Revised Alternation Schedule

YEAR NUMBER ONE			YEAR NUMBER TWO		
SPRG ____	SUM ____	FALL ____	SPRG ____	SUM ____	FALL ____
YEAR NUMBER THREE			**YEAR NUMBER FOUR**		
SPRG ____	SUM ____	FALL ____	SPRG ____	SUM ____	FALL ____

Projected Graduation Date _____ Major _____

Academic Advisor's Signature _____ Date _____

Upon receipt of required information by Office of Cooperative Education, a review committee will consider the request. Each student must schedule an appointment with Ms. Powell or Ms. Ratliff to discuss the petition. Notification of the committee's decision will be made at a later date. ***All decisions are final.***

Student Signature	Co-op Employer Name	Date Petition Submitted

❑ Approved
❑ Not Approved
❑ Student Has been Contacted

Co-op Program Representative _____ Date _____