1. Check the appropriate petition category:

<table>
<thead>
<tr>
<th>Petition Category</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
</table>
| Class Scheduling Conflict                              | 1) Written statement from academic advisor declaring it is academically necessary for an alternation schedule change  
2) Written justification from student that includes desired alternation  
3) Completion of the Revised Alternation Schedule below |
| Change in Alteration Schedule for Reason(s) Other Than Class Scheduling Conflict | 1) Extensive written justification from student that includes desired alternation  
2) Written statement from supervisor declaring need for change in alternation schedule  
3) Completion of the Revised Alternation Schedule below |
| 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 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, only if listed in the Supporting Documentation Required section checked above:

<table>
<thead>
<tr>
<th>YEAR NUMBER ONE</th>
<th>YEAR NUMBER TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRG ____ SUM ____ FALL ____</td>
<td>SPRG ____ SUM ____ FALL ____</td>
</tr>
<tr>
<td>YEAR NUMBER THREE</td>
<td>YEAR NUMBER FOUR</td>
</tr>
<tr>
<td>SPRG ____ SUM ____ FALL ____</td>
<td>SPRG ____ SUM ____ FALL ____</td>
</tr>
</tbody>
</table>

2a. Projected Graduation Date __________________________ Major __________________________

3. Upon receipt of required information by Office of Cooperative Education, the Review Board will consider the request. Notification of the board’s decision will be shared with the student and employer. *All decisions are final.*

Student Signature ___________________________________ Co-op Employer Name __________________ Date Petition Submitted __________________

*For office use only

☐ Approved  
☐ Declined  

Co-op Program Representative __________________ Date __________________