



Northeastern University

College of Engineering

MGEN Co-op Academic Advisor Approval Form

Student Information

First Name: _____		Last Name: _____	
9-digit student number starting with "00".		NU Email: _____@husky.neu.edu	
NU ID: _____		Program: _____	
NU ID: _____		Degree Level: _____ MS _____ PhD	
GPA: _____	I acknowledge that I must return to Northeastern University for at least one (1) term prior to graduating.		Initials: _____
Company Name: _____			
Position Title: _____			
Co-op Dates: Start (mm/dd/yyyy / /) End (mm/dd/yyyy / /)			

Academic Advisor Information

_____	I have reviewed the co-op position and approve it as fitting in with this student's program of study. The student will return for at least one (1) term prior to graduating.
_____	I have reviewed the co-op position and approve it as fitting in with this student's program of study but with the following changes: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
_____	I do not approve of this co-op for the following reasons: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
Name of Advisor: _____	
Advisor Title: _____	
Signature: _____	Date: _____