

CO-OP WORK SCHEDULE COMPUTATIONS

Name:		Social Security Number:	Effective Date of Employment:	
Address:		Organization Code:	GS Level:	
Work Phone:	Home Phone:	E-mail:		
Graduation Date:	School:	Major:	Program:	
Classification (Soph/Junior/Senior):	Alternation Cycle:	Credit Hrs Completed:	Currently Enrolled:	GPA:
Date Promoted to GS-6:	No. of Work Periods Scheduled:	Eligibility Expires:	Date Enrolled in Grad School:	

WORK SCHEDULES

#	Start Date	End Date	Total Weeks
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total Weeks:			

REMARKS

SIGNATURE

This schedule reflects current plans and is acceptable to all concerned. (Any change in major field of study must be approved in advance by school and MSFC official.)

Signature of Student Trainee:	Date:	Signature of MSFC Coordinator:	Date:
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