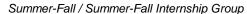
MECOP / CECOP CURRICULUM PLAN





Advisor Initials

Student Initials

NAME:	ID:	

This form must be completed by all MECOP / CECOP students. Schedule an appointment with your academi

- Pleas
- It mus
- Make
- New
- All stu

P / CECOP Advisor prior to each term to review your plan. This is designed to help keep you	Revision Date	Student Initials	Advisor Initials
nically on track for graduation while participating in MECOP / CECOP internships.			
ase fill out this form in PENCIL so it can be modified when you meet with your advisor			
ust be updated at least annually or when changes to your course plan are made.			
ce sure to review and update your plans <u>at least</u> two weeks prior to your next school term:			
v students must file this course plan within the first four weeks of the Fall term you enter the program.			
students must be advised before the internship placement process, for the term after their internship.			
TERM 20 WINTER TERM 20 SPRING TERM 20 FALL T	ERM 20	WINTER	TERM 20
			

FALL TERM		20
Dept	No.	Credits
	TOTAL	

WINTER TERM 20			
Dept	No.	Credits	
	TOTAL		

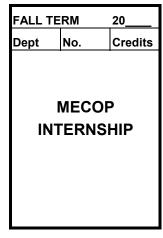
SPRING TERM 20				
Dept	No.	Credits		
	TOTAL			

FALL TERM		20
Dept	No.	Credits
	MECOF ERNS	
		•

Original Date

WINTE	WINTER TERM 20			
Dept	No.	Credits		
	TOTAL			

SPRING TERM 20				
Dept	No.	Credits		
	TOTAL			



WINTER TERM 20		
Dept	No.	Credits
	TOTAL	

SPRING TERM 20		
Dept	No.	Credits
	TOTAL	

FALL TE	20	
Dept	No.	Credits
	TOTAL	