

CO-OP ACADEMIC ADVISOR VISIT REPORT

This form is to be filled out by the trainee's academic adviser after the filed visit.

Academic Advisor			
Date of the visit			
Training Venue			
Trainee Name		Major	
Activities during the visit (meetings and discussions held, etc.):			
Activity 1:			
Activity 2:			
Activity 2:			

Overall Assessment and recommendations:	
Signature:	Date:

Comments of the Department Chairperson:	
Signature:	Date:

cc: Co-op Coordinator
Student's File