

**SCHOOL OF HEALTH INFORMATION SCIENCE  
STUDENT CHECKLIST FOR CO-OP ELIGIBILITY (Combined Major in CSC/HINF)**

**No student will be allowed to go on a HINF co-op work term until this form has been approved.**

**Student Name:** \_\_\_\_\_

(Please print)

**Student No.** \_\_\_\_\_ **Student Email Address:** \_\_\_\_\_

As proof of my eligibility to take part in the co-op work term process, I have completed all the courses below with the indicated grades. Any courses currently in progress are marked as "IP".

See the model program. To be eligible for co-op a student must:

1. Be a student in good standing (not on probation)
2. Have successfully completed all courses listed in the 1st year
3. Have successfully completed all courses listed in the fall term of the 2<sup>nd</sup> year
4. Be registered in all courses listed in the spring term of the 2<sup>nd</sup> year
5. Have no deferred exams outstanding.

Course	Grade	Course	Grade
CSC 110	_____	CSC 115	_____
ENGL 135	_____	CSC 106	_____
HINF 130	_____	HINF 140	_____
PE 141 or BIOC 102 or	_____	MATH 100	_____
BIOL 150A or	_____	MATH 101	_____
BIOL190	_____		
MATH 122	_____		
CSC 225	_____	HINF 201	_____
HINF 200	_____	HINF 280	_____
HINF 2xx	_____	CSC 230	_____
ENG 265	_____	ENGR 240	_____
STAT 255 or 260	_____	CSC 226	_____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ANY DEVIATION FROM THE ABOVE COURSE SCHEDULE REQUIRES THE PERMISSION OF THE UNDERGRADUATE ADVISOR AND THE DIRECTOR OF THE SCHOOL OF HEALTH INFORMATION SCIENCE. Please attach a statement to support you request.**

Approved for co-op placement: \_\_\_\_\_ Date: \_\_\_\_\_  
Undergraduate Advisor

Approved for co-op placement: \_\_\_\_\_ Date: \_\_\_\_\_  
Director

Approved for co-op placement: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-op Coordinator

A copy of this signed and approved form is to be placed in the student's file in the HINF Co-op Coordinator's office.