



Engineering Career Services
Co-ops ■ Internships ■ Careers

Account Reactivation Request

Name: _____ Major: _____

Unique OSU E-mail (username): _____ Grad Date: _____

Employer: _____ Location: _____

COMPLETE BOTH SECTIONS (Complete all fields to have your request considered. Please allow 3 business days for response. You may be asked to come in for an appointment to discuss your request.)

1. What are the circumstances behind this request?

I would like to conclude my co-op and search for something else.

Which quarter(s) / year have you already worked with this employer? _____

Have you discussed your intentions with your employer? Yes No

- OR -

I remain committed to return to my co-op employer, but would like to find an internship for a different quarter that I'm not already committed.

Quarter committed to work _____ Seeking for _____
Quarter/Year Quarter/Year

2. In the space below, please summarize the reason(s) for your request and the type of work you are seeking.

Please note: Eligibility to seek alternate employment through the Program will not be renewed until this request has been approved by the program Director, so please be specific.

Signature: _____ Date: _____

Preferred E-mail (if different than above): _____ Phone: _____

OFFICE USE ONLY			
Approved for:	<input type="checkbox"/> Co-op	<input type="checkbox"/> Internship	<input type="checkbox"/> Co-op/Internship
Appointment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (date):	_____
Director Signature:	_____		Date: _____