

Cooperative Education Approval Form

Student Name:

Student ID#:

Student's campus e-mail:

Major:

Minor:

ANTICIPATED LEARNING OBJECTIVES: *(What do you hope to learn from this experience?)*

ACHIEVEMENT OF LEARNING OBJECTIVES: *(List responsibilities that will enable you to achieve your objectives, i.e., specific duties and projects)*

CO-OP INFORMATION:

Position/title:

Company/Organization:

Student's work phone/fax/e-mail:

Address:

City:

State:

Zip:

Semester and year in which you plan to enroll:

Number of hours worked in order to earn approved credits:

Number of credits in which the student is seeking to earn:

Credits to be applied in the following manner:

course (course prefix and number)

as a substitute for a class (course prefix and number):

as elective credits in major or minor in:

as general elective credits (or any combination of the above):

COURSE REQUIREMENTS:

Assignment (s):

Date(s) due:

paper/report:

journal/log:

presentation:

other:

Student participant signature:

Date

Co-op site supervisor signature:

Date

Faculty supervisor signature:

Date

Dept. Chair signature:

Date