

Co-op Application Form

Please complete this form, obtain the necessary signatures, and return it to Off-Campus Study.

Please note that co-ops are for Pass/Fail credit only. A Working Portfolio and/or further assessment may be required, based on departmental criteria. Your off-campus supervisor will also be required to complete an evaluation letter to your faculty supervisor.

Name: _____ Phone: _____ Date: _____

Email: _____ Major: _____ ID #: _____

Expected Date of Graduation: _____ Home Address: _____

1. When do you expect to undertake the co-op you are proposing?
From: _____ To: _____
2. Please specify where this co-op will take place and the name of the person who will supervise your work.

Name of Organization: _____
Supervisor: _____ E-mail: _____
Address: _____ Phone: _____
3. Approximately how many hours a week do you expect to work in this co-op? _____
4. What courses are you now taking or have taken as preparation for this co-op?

YOUR FACULTY SUPERVISOR SHOULD COMPLETE QUESTIONS 5 THROUGH 7:

5. In which department is this co-op to be listed? _____
6. At which level is it to be credited?:
_____ Non-credit _____ 100 level _____ 200 level _____ 300 level
7. Approved for _____ credits by the _____ department.

Signature of Off-Campus Study Coordinator: _____ Date: _____

Signature of Faculty Supervisor: _____ Date: _____

FOR OFFICE USE ONLY: Approved and sent to Registrar: _____