



For RC use only.

Date Added: _____
Initials: _____
Notified: _____
Copy to co-op coordinator: _____

Application for Experiential Learning Design – Cooperative Education

Date filed _____ Term/Year _____ / _____ Termcode _____
(Completed by Registration Center)

Name _____ Student ID _____ Campus Mailbox _____

Address: _____

Phone # _____ Faculty Supervisor _____ **Grading is P/F**

Begins _____ Ends _____ Site _____ Position _____

Internship: Department (e.g. CJ or AC) ____ Number (circle one): 194 294 394 494

Hours of work per week: _____

Credit hours: ____ (one semester hour credit requires a minimum of 120 hours work experience)

REMINDER:

Although work experience of and by itself is an important part of one's education, it is not the work experience that is generating academic credit. It is the new learning and its documentation that becomes worthy of academic credit. The college supervisor must be certain new learning and appropriate documentation will take place in the cooperative education experience.

Name of Employer: _____

Address of Employer: _____

Work Supervisor: _____ Phone # _____
(signature)

I agree that this job provides sufficient learning potential for elective credit within my department pending the satisfactory design of a cooperative education work experience contract. I will supervise the project.

Faculty Supervisor signature date

Co-op Coordinator date

Overload approval (17.5 hours or more) required by Registrar _____

Please return this entire form to:

Registration Center, Defiance College, 701 N Clinton St, Defiance, OH 43512

Office Hours: 8:00 to 4:30 pm M-F

Phone: 419-783-2400

Fax: 419-783-2579