Application for Experiential Learning Design – Cooperative Education

Name ___________________________ Student ID ______________

Address: _____________________________________________________________________________

Phone # ______________ Faculty Supervisor ________________________________ Grading is P/F

Begins ____________ Ends ______________ Site ______________ Position ______________

Termcode ____________ (Completed by Registrar’s office)

Internship: Department (ex. ACCT, BUS, etc) _______ Level (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: Registrar’s Office, Defiance College, 701 N Clinton St, Defiance, OH 43512

Office Hours: 8:30 to 4:30 pm M-F Phone: 419-783-2551 Fax: 419-783-2579

5-2015