Cooperative Education Program
Application for Business Majors
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Bowie State University  
Career Development Center  
14000 Jericho Park Road  
Bowie, Maryland 20715  
(301) 860-3825/3829  
Email: rprice@bowiestate.edu
One of the most dynamic concepts in post-secondary education today is Cooperative Education. Though there are many variations of this program, Cooperative Education is basically an arrangement of combining study and work leading to the Baccalaureate Degree. The Cooperative Education student intersperses on-campus academic preparation with off-campus actual job experience. To implement Cooperative Education, a partnership is formed between the employer, University and the student. Some of the advantages and benefits of this partnership are as follows:

As a Co-Op student you will:
- Add relevance to your education
- Earn an income that will help defray tuition cost
- Receive academic credit
- Gain practical work experience in a job related to your major
- Work with professionals in your career field
- Discover if your career choice matches your interest and abilities
- Find the transition from college to a work environment easier after graduation

Types of Cooperative Education Programs
There are two types of Cooperative Education programs at Bowie State University that you can participate in.

Parallel Co-Op is like a part-time job. The student goes to school full-time and works each semester.

Alternating Co-Op is when the student alternates semesters between full-time work and full-time study.

Eligibility Requirements for the Cooperative Education Program

To receive academic credits, you must:
- Have completed a minimum of 24 credit hours of college.
- Be a sophomore, junior, senior, or graduate student with a minimum cumulative 2.5 GPA on a 4.0 scale. If you are a transfer student, you must have a minimum of 24 credits.
- Have a job that is related to your academic discipline.
Application Process for the Cooperative Education Program

1. Pick up the Cooperative Education Program application from the Career Development Center.

2. Meet with your faculty advisor and/or department chair to discuss receiving academic credit for your work experience. In order for the faculty advisor and/or department chair to make a decision, you MUST bring the following documents with you to the initial meeting:
   - Copy of your unofficial transcript
   - Copy of your job description
   - Learning Contract (page 6 of this packet)
   - Cooperative Education Request for Credit form (page 8 of this packet)

3. Once your faculty advisor and/or department chair has determined that academic credit can be earned, they will complete and sign the Learning Contract and the Cooperative Education Request for Credit form.

4. You must submit all completed documents to the Cooperative Education Coordinator in the Career Development Center.
   - Copy of your job description
   - Learning Contract
   - Cooperative Education Request for Credit form
   - Copy of your current resume
   - Release of Transcript to Employer form
   - Employer Information Data Sheet

Please note: You must provide a copy of your position description to the Co·Op Coordinator and your Faculty Advisor, as well as, the Learning Contract, in order to receive academic credits.

5. You must register for the applicable cooperative education credits as indicated by your faculty advisor and/or department chair.
Date____________________________

PERSONAL DATA

Name_____________________________ Student ID No____________________

Email_____________________________ Phone____________________________

Permanent Address______________________________________________________

City_________________ State_____________ Zip____________

Campus Address__________________________________________________________

City_________________ State_____________ Zip____________

Major_____________________________ Minor____________________________

U.S. Citizen: ☐ Yes ☐ No Permanent Visa: ☐ Yes ☐ No

Military Service: ☐ Yes ☐ No Rank/Rating____________________________

Transfer Student? ☐ Yes ☐ No

Number of Transfer Hours________ Bowie State Hours Completed _______ Overall GPA____

Skills (clerical & computer):________________________________________________

Hobbies: __________________________________________________________________

Which High School or College Subject Did You Enjoy Most________________________

Which High School or College Subject Did You Enjoy Least_______________________

Career Goals________________________________________________________________
WORK PREFERENCE

Preferred Geographical Area for Work Site_________________________________________________

Preferred Semester for Placement ________________________ □ Alternating □ Parallel Semester / Year

Type of Work Experience Desired__________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Check one or more of the following occupations in which you are interested:

□ Accounting □ English □ Mathematics
□ Biology □ History □ Physics
□ Chemistry (research lab) □ Journalism/Communication □ Psychology/Counseling
□ Computer Science □ Management □ Sociology/Criminal Justice
□ Computer Technology □ Marketing □ Other
□ Elementary Education □ MIS (Management Information Systems)

WORK HISTORY (Non Cooperative Education)

Current Employer Name______________________________________________________________

Prior Work Experience

Date  Company  Location  Position

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

APPROVAL OF PARENT OR GUARDIAN:

All students under 18 years of age must have the approval of a parent or guardian when making application to the Cooperative Education Program.

Parent or Guardian Signature  Print Name

Street Addresses, City, State, Zip Code  Phone Number
LEARNING CONTRACT

Date___________________  Student ID No.______________________

Name________________________________________________________________________
Last                   First                    Middle Initial

Training Period__________________________________________________________

Training Assignment______________________________________________________

☐See attached position description

Employer__________________________________________

Supervisor Name________________________________Title_____________________

Phone#__________________________________________Email_____________________

Student Schedule: Days____________________________________________________

                             Hours___________________________________________________

Co-Op Credits in Major ☐Yes ☐No  Free Elective ☐Yes ☐No

Learning objectives should be formulated by the student’s faculty advisor. Objectives should be specific, measurable, personal, within the student’s ability to accomplish, and in accordance with the curriculum. New learning objectives should be established for each semester co-op experience.

Learning Objectives

1.________________________________________________________________________

2.________________________________________________________________________

3.________________________________________________________________________

(Use additional pages if necessary)
Training Assignment Evaluation

The student will demonstrate that he/she has achieved the objectives identified above by:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

(Use additional pages if necessary)

Student Signature___________________________________________  Date_______________
Faculty Advisor Signature____________________________________  Date_______________
Department Chair Signature____________________________________  Date_______________
Co-Op Coordinator Signature___________________________________  Date_______________
Employer Signature___________________________________________  Date_______________

Date completed________________________  Semester applied_____________________________
This form must be completed and submitted to your advisor prior to commencing your cooperative education experience.

In order to receive business elective credit:
(1) The cooperative education experience must be relevant to the department’s academic requirements;
(2) Prior to the commencement of a cooperative education experience, the employer must submit a letter indicating the student’s position, start and end dates, supervisor, and a copy of the student’s position description;
(3) After the cooperative education experience has been completed the employer must submit an evaluation report confirming that the student has successfully completed the cooperative experience.
(4) No more than three (3) business credits will be granted for the cooperative education experience.
(5) Accounting students cannot receive credit for the cooperative education experience.

Name_________________________________________ Student ID#__________________________
Classification_________ Major___________________ Telephone #_______________________

Street Address______________________________________________________________________
State & Zip Code____________________________________________________________________

Name of Cooperating Organization____________________________________________________
Supervisor_________________________________________________________________________
Street Address______________________________________________________________________
State & Zip Code____________________________________________________________________

Job Title___________________________________________________________________________

Student Signature_________________________________________ Date_____________________
Advisor Signature____________________________________________ Date____________________
Department Chairperson Signature____________________________ Date____________________
Co-Op Coordinator Signature______________________________ Date____________________
CO-OP EMPLOYER INFORMATION DATA SHEET

Student Name_____________________________________________

Major_____________________________________________________

Employer_________________________________________________

Address____________________________________________________

Supervisor Name__________________________________________

Phone number (          ) ______-__________________________

Supervisor Email _________________________________

Human Resource Director Name ____________________________

Phone number (          ) ______-__________________________

HR Director Email _________________________________________

Job description or statement of duties:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Cooperative Education Program

RELEASE OF TRANSCRIPT TO EMPLOYER

I, ________________________________ give the Career Development Center permission to release my transcripts to employer(s) for consideration of employment through the Cooperative Education Program.

______________________________
Print Name

______________________________
Signed Name

____________________
Date
CONFIDENTIAL FACULTY RECOMMENDATION

Dear__________________________:

I am registering with the Bowie State University Cooperative Education Program. I would very much appreciate a recommendation from you. Will you kindly complete this recommendation form and send it to Ms. Rosetta Price Coordinator, Cooperative Education Program, Bowie State University, 14000 Jericho Park Road, Bowie, Maryland 20715, as soon as possible.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My major is:</td>
<td>My minor is:</td>
</tr>
</tbody>
</table>

INSTRUCTIONS: Circle words that best describe the candidate. Omit any items where there is insufficient knowledge to make a reasonable degree of accuracy.

PERSONAL APPEARANCE:
excellent / satisfactory / bad first impression / appearance a handicap

PERSONALITY:
outstanding / very pleasing / average / slightly irritating / antagonistic / poor

COMMAND OF ENGLISH:
well-spoken/ deliberating/ weigh words/ at a loss/ ordinary for words/ limited vocabulary

SOCIAL MATURITY:
social / professional / mature for age / somewhat immature / immature

DISPOSITION:
enthusiastic / cheerful / reserved / apt to worry / pessimistic
COOPERATIVE:
works well with others / above average / works fairly well with others / works better alone / cannot work with others

LEADERSHIP:
natural leader / takes responsibility / seize opportunity / aggressive / has to be guided / always follows

JUDGEMENT:
exceptional / good common sense / dependable / fair / poor

RELIABILITY:
always on the job / usually on the job / ordinarily needs supervision / unreliable

INITIATIVE:
self-starter / usually seizes opportunities / starts under suggestion / needs prodding / passive and dependent

PHYSICAL ENERGY:
dynamic energy / energetic / average / lacking / sluggish

VOICE:
pleasing / agreeable / weak / loud / unpleasant

SCHOLARSHIP:
excellent / very good / good / fairly good / fair

REMARKS
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE ___________________________ DATE ____________________