Cooperative Education Program
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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.
APPLICATION FOR ADMISSION TO THE COOPERATIVE EDUCATION PROGRAM

Please Print Legibly

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 Like Most____________________________________

Which High School or College Subject Did You Like 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

<table>
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<tr>
<th>Date</th>
<th>Company</th>
<th>Location</th>
<th>Position</th>
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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 sheets if necessary)
Training Assignment Evaluation

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

1. ____________________________________________________________________________________
2. ____________________________________________________________________________________
3. ____________________________________________________________________________________
   *(Use additional sheets 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_____________________________
MEMORANDUM

To: Department Chair and/or Faculty Advisor
From: Rosetta Price, Coordinator
Subject: Cooperative Education Request

_________________________________________________________ has requested
information and applied for a Cooperative Education position
with____________________________________________________
(company / agency) (department)

____________________________________________________
(street address) (location)

The position begins on_______________________ and the job description is as follows:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Please sign the bottom of this memo indicating the number of credits to be received and your
approval for________________________________________________________ to Co-Op with
________________________________________________________ in the above capacity. If this request is
rejected, please indicate your reason. Thank you.

Department _____________________________ Coop

☐ Request Approved How many credits will be awarded? _____________

☐ Request Rejected Reason(s) for rejection_______________________________

______________________________________________________________
Signature __________ (name and title) __________ (date)
CO-OP EMPLOYER INFORMATION DATA SHEET

Student Name_____________________________________________

Major_____________________________________________________

Employer_________________________________________________

Address__________________________________________________

Supervisor Name____________________________________________

Phone number (_____ ) ______ - ____________________________

Supervisor Email (if applicable) ______________________________

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 for a position. 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.

My major is: ..............................................  My minor is: ..............................................

Student Name: ..............................................  Date: ..............................................

NOTE: Circle words which 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