Cooperative Education Program

Student Application
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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.
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.
COOPERATIVE EDUCATION PROGRAM ADMISSION APPLICATION

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

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________________________
MEMORANDUM

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

__________________________________________________________________________ has requested information and applied for a Cooperative Education position with

Company / Agency Name: ____________________________________________________________________________________________

Department: _______________________________________________________________________________________________________

Address: _______________________________________________________________________________________________________

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(s). Thank you.

Department Name: ___________________________________________________________________________________________________

☐ ☐ Request Approved Number of credits to be awarded _____________

☐ ☐ Request Rejected Reason(s) for rejection ____________________________________________________________________________

________________________________________________ Faculty Advisor and/or Department Chair (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 the 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 ____________