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.
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.
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

☐ Request Rejected

Number of credits to be awarded __________

Reason (s) for rejection _____________________________________________________________

___________________________________________

Faculty Advisor and/or Department Chair (Signature) _______ (date)
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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>
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<tbody>
<tr>
<td>My major is:</td>
<td>My minor is:</td>
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**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:**
extcellent / 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 ________