

How many hours per week will you work? _____

How many weeks? _____

Indicate the days you will be at work and the number of hours worked each day:

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

Course Number _____ 487 _____

Credits _____

Must register for at least one credit.

No audits allowed

Signatures:

Student _____
date

Supervising Professor _____
date

Department Chairperson _____
date

Carroll College
Director of Internships/Cooperative Education _____
date

Dept/Agency/Company _____
date

If Carroll College is the employer, a contractual agreement must be submitted to the Carroll College Business Office prior to the student beginning employment.

Carroll College Business Office _____
date

Academic Dean _____
date

Registrar _____
date

Please Note:

If the Cooperative Ed is the only class for which a student is registering, approval is not complete until tuition has been paid.

The Registrar's Office will send copies of the approved completed form to the student, supervising professor, director of internship/cooperative education program, and the onsite supervisor.