



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 \_\_\_\_\_

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

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.*