

CARROLL COLLEGE
Non Credit or Audit Credit Summer Term
Cooperative Education Approval Form

for Carroll students only

Year/Term _____ Date Position Starts _____

Date Position Ends _____

Student Name _____

I.D. Number _____

Address _____

Class Status _____ CGPA _____

Name of Employer _____

Address _____

Phone Number _____

Name of Supervisor _____

Please provide us with a) a description of the internship activities b) the learning objectives you have established in consultation with the internship site supervisor. (You may attach these items)

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 _____ for no credit for audit
_____ # of audit credits

(circle one of the above)

If certain criteria are met, Cooperative Education and Internships may be taken for no credit **during summer term only**. See #3 on the attached Policy statement.

Signatures:

Student _____
(must be a student currently attending Carroll College) date

Dept/Agency/Company _____
date

Carroll College
Director of Internships _____
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:

Approval is not complete until a registration form for the current semester has been completed, cashier approved by the Carroll College Business Office and submitted to the Registrar's Office.