

COOPERATIVE EDUCATION/INTERNSHIP

Checklist and Forms



For more information, contact:

- **Academic Advisor**
- **Associate Dean of Transportation**
 - **Bisek Hall – Room 1136 – 701-671-2330**
- **Dean of Career and Technical Education (CTE)**
 - **Mildred Johnson Library – Room 201 - 701-671-2244**

All Forms Due – Before June 10th

STUDENT CHECKLIST

Completing the enrollment process:

- _____ Successfully completed one year or 2 semesters in your program at NDSCS.
- _____ Maintained a minimum of a 2.0 grade point average. **NOTE:** The academic advisor and division dean's office will verify your GPA, and if it does not meet the requirement, you will be dropped from the Cooperative Education program.
- _____ Attended an information presentation on Cooperative Education and/or visit with your academic advisor.
- _____ Found employment. If you need assistance finding employment, reach out to your academic advisor.
- _____ Read, understood and agreed to the Cooperative Education Student Guidelines outlined in this booklet.
- _____ Completely fill out all required forms, including getting all required signatures, and submit them to the division dean's office. This includes:
 - * COOPERATIVE EDUCATION STUDENT RESPONSIBILITIES FORM
 - * COOPERATIVE EDUCATION CANDIDATE ENROLLMENT FORM
 - * COOPERATIVE EDUCATION FACULTY REFERENCE FORM
 - * COOPERATIVE EDUCATION AGREEMENT
 - * COOPERATIVE EDUCATION TRAINING PLAN
- _____ Ensure you have completed the Financial Obligation Agreement (FOA) for the semester of your Co-op, **AND** verify that you don't have any holds on your CampusConnection account impacting your ability to register for the credits.
- _____ Register for the Co-op credits.

During the Cooperative Education experience:

- _____ During Co-op employment, keep track of your hours and wages. (162 hours per credit hour must be completed). A typical 2 credit Co-op requires a total of 324 hours.
- _____ Keep in mind, while working for the Co-op Company, you are representing North Dakota State College of Science. You will need to demonstrate that you are a responsible, trustworthy, dependable employee.
- _____ Review the Cooperative Education fees and pay North Dakota State College of Science for your credits. Fees are found in CampusConnection.
- _____ Notify your academic advisor of any changes that occur such as changing your mind about conducting a Co-op, switching employers, getting dismissed from a position, etc. If you are dismissed from your job assignment, it is **your responsibility** to find new employment, complete the required paperwork with the new employer, and finish your Co-op hours. Failure to do so will result in an incomplete grade until the hours are finished or an Unsatisfactory grade.
- _____ Contact your academic advisor and division dean's office if job duties do not align with those outlined and agreed to by the employer and you on the Cooperative Education Training Plan.

After successful completion of the Cooperative Education experience:

- _____ Watch your campus email for a link to provide the final paperwork within the **first eight weeks** of the next semester to:
 - Complete the Cooperative Education Student Evaluation Form.
 - Provide proof of hours (for example, a recent pay stub that shows accumulated hours worked).
- _____ Check with your academic advisor and division dean's office to ensure your file is complete.

Cooperative Education Student Responsibilities Form

This information sheet guarantees that you, the student, understand your responsibilities for your involvement in Cooperative Education. This form is not only to inform you of your duties but is also a requirement before enrolling in Cooperative Education. Please take the time to read these carefully, because these are your responsibilities. If you fail to complete even one of your responsibilities, the result may be either an Incomplete/Unsatisfactory grade or no Co-op credits granted/registered.

1. I must completely fill out the Cooperative Education Candidate Enrollment Form.
2. I must have a minimum of a 2.0 grade point average for all programs. I understand my academic advisor and the division dean's office will verify my GPA and if it does not meet the requirement, I will not be allowed to conduct a Cooperative Education experience.
3. I must provide a Cooperative Education Faculty Reference, therefore providing permission from my department to complete a Cooperative Education experience (this form is in the guidebook).
4. If I need help seeking employment, I must contact my academic advisor.
5. Once employment is obtained and the proper forms are completed and turned in, I will be allowed to register for Co-op credits.
6. During my Co-op employment, I am responsible for keeping track of my hours and wages (**162 hours per credit hour must be completed, for a total of 324 for 2 credits**). Approx cost – \$183.79 - \$215.01 (plus fees) per credit hour
7. I must remember that while working for the Co-op company, I am responsible for representing North Dakota State College of Science, and I must work as a responsible, trustworthy, and dependable employee.
8. If I am dismissed from my job assignment, it is my responsibility to notify my academic advisor and division dean's office right away and find new employment to finish my Co-op hours. Failure to do so will result in a U (Unsatisfactory) grade.
9. I understand that if I change employers, I will need to complete the proper paperwork and submit to my academic advisor as quickly as possible.
10. I understand Cooperative Education fees and **agree to pay** North Dakota State College of Science for my credits following the NDSCS fee payment schedule.
11. I understand I must notify my academic advisor and division dean's office of any changes that may occur, including changing my mind about conducting a Co-op, switching employers, being dismissed from a position, etc.
12. I must complete the Cooperative Education Student Evaluation Form (link emailed upon completion) and submit it to my division dean's office at the end of my co-op experience.
13. I must provide proof of my hours worked (i.e., most recent pay stub) as soon as the required number of work hours for my credits has been met.
14. Prior to starting my co-op, I should check with my academic advisor to make sure that my file is complete.
15. I have read and agree to the Cooperative Education Student Responsibilities Form (this form).

I understand my responsibilities in Cooperative Education. I also understand that failing to complete them may result in an Incomplete/Unsatisfactory grade or no credits granted. In agreement with these responsibilities, I would like to continue enrolling in Cooperative Education.

NAME _____

Cooperative Education Student Name (**PRINTED**)

Date _____

NAME _____

Cooperative Education Student Name (**SIGNED**)

Date _____

Cooperative Education Candidate Enrollment Form

Student Data (PLEASE PRINT CLEARLY)

Name (Last)	(First)	(Middle Initial)	Student ID Number (REQUIRED)
Address during Co-op (Street, City, State, Zip)			
Permanent Address (if different from above)		Phone (must be able to reach you during your co-op)	
Email Address (REQUIRED)	GPA	Please Circle Year in School 1 st 2 nd 3 rd Transfer	Expected Graduation Date (MO, YEAR)
Academic Program		Name of your Academic Advisor	

Read, initial, and sign:

_____ **Family Education Rights and Privacy Act of 1974:** For the duration of my active participation in Cooperative Education, I hereby authorize the division dean's office to release the contents of my file to any prospective employer.

_____ I hereby agree to comply with all applicable policies of the Cooperative Education Program, including registration for Cooperative Education credits assigned to me and payment of the credit hour fees.

In signing this, I understand my Academic Advisor is not responsible for finding me a job but rather for assisting me in finding a Cooperative Education position. It is my responsibility to obtain a job.

I have read and understand my responsibilities for Cooperative Education.

Student Signature

Date



Cooperative Education Agreement

This document establishes an agreement between North Dakota State College of Science and

(Name of Employer)

For _____

(Name of Student)

Address of Employer _____

Street address

City, State

Zip Code

Name of Supervisor _____

Telephone Number _____

E-mail Address _____

The **EMPLOYER** agrees to provide the student a variety of work experiences as outlined in the Cooperative Education Training Plan. The **EMPLOYER** agrees to pay the student a wage/salary of _____. The **EMPLOYER** also has the option to pay for the student's credits for the Co-op. The **SUPERVISOR** will have adequate time to supervise the student and will report any difficulties to the coordinator. The Cooperative Education experience will extend for approximately _____ months from _____ through _____. At the end of this period, this agreement shall terminate.

Would the Employer agree to pay for the student's credits (please circle one):

Yes or No

Approx cost – \$183.79 - \$215.01 (plus fees) per credit hour

The **STUDENT** agrees to perform the work experiences assigned by the employer according to the company policies and regulations as they apply to regular employees. The student will also maintain high moral standards and uphold the standards of the business, especially confidentiality and honesty. The student further agrees to report to work punctually and regularly and will notify the employer or supervisor if he/she is unable to be present. The student will accomplish the goals as outlined in the Cooperative Education Training Plan. At the end of the work experience, the student will return to NDSCS to complete their education.

The **EMPLOYER** agrees to provide an equal opportunity for all individuals without regard to race, color, national origin, religion, sex, disability, age, sexual orientation, or status with regard to marriage or public assistance, and should this working agreement become unsatisfactory for any party it can be dissolved with proper notice to the employer, student, academic advisor, and division dean's office.

Student Signature

Date

Employer/ Supervisor Signature

Date

NDSCS Academic Advisor Signature

Date

NDSCS Division Deans Office Signature

Date



Cooperative Education Training Plan

This training plan must be completed to guarantee the work performed by the Cooperative Education student is beneficial to his/her education. Please list the duties and tasks the student will be expected to perform.

Name of Employer

Name of Cooperative Education Student

Duties/Tasks

(Please note: not all lines need to be used; additional duties can be listed on the back)

1. _____

9. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____

Student Signature

Date

Employer/Supervisor Signature

Date

NDSCS Academic Advisor Signature

Date

NDSCS Division Deans Office Signature

Date

Cooperative Education Faculty Reference Form

(To be completed and signed by your Academic Advisor.)

Cooperative Education Student Name	ID Number	Academic Program	GPA (Required)

Please circle: 1st year student 2nd year student 3rd year student Transfer

Number of credits for this Co-op: _____

Name of Academic Advisor

To the Academic Advisor

The reference currently being requested by the division dean's office is imperative:

1. To confirm the student's affiliation with your department.
2. To obtain any statements or reservations concerning the student's participation in a Co-op.

If you have "no reservations," then stating that below will complete the permission process.
 A detailed reference is not needed unless your department deems it necessary.

Your assistance with this verification is invaluable to the students and the program. Your cooperation is greatly appreciated.

Faculty Reference Comments:

 Academic Advisor Signature

 Date