



Application Form

The Cooperative Education Program (“Co-op”) enables students to gain employment experience as part of their undergraduate program. Students spend a semester employed by an industry, a business firm, or a government agency in order to apply their academic studies to practical employment situations. Students must have junior or senior standing and must have a minimum GPA of 2.0. Co-op is repeatable for up to a **maximum of 12 credits**. **Students must reapply each semester. Previous participation in the program does not guarantee future participation.** Credits are applied to the student’s academic program as free electives. Interdisciplinary Studies Majors may apply co-op credits towards the 300-400 upper level requirement. To be eligible for financial aid, credit(s) earned by a Cooperative Education Agreement may not exceed elective credits allowed, or must count towards a student’s program requirements. Additional course information (expectations, assignments, etc.) will be provided in the syllabus.

In addition to this form, applicants should also include:

- a current résumé
- a letter, preferably on agency letterhead, from the **External Agency supervisor** confirming employment, employment dates, number of hours per week, and specific duties

Instructions

Step 1: Meet individually with your Faculty Advisor and the Director of Cooperative Education to discuss how a Cooperative education experience may benefit you as well as the requirements for the program.

Step 2: Prepare a cover letter and résumé. Students should contact the office of Career & Professional Development (Buley Library 328) for help crafting their materials (careerservices@southernct.edu or 203-392-8967).

Step 3: Upload your materials to JOBSs and search for available positions that fit your co-op goals. If you already have a job related to your program of study and/or future academic and professional goals, you may be able to use this as your co-op experience.

Step 4: Once you have secured co-op employment, complete the co-op application. Once approved, the co-op director will enroll you in CTR 300 for the appropriate number of credits (0.5-12, up to a maximum of 12 credits total).

Step 5: Once enrolled, a syllabus detailing student responsibilities will be provided.

Credits:	CRN:	Contact Hours:
University Policy requires 50 contact hours for every 1 credit		

Semester/Session

Semester/Session:	Semester Year:
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Student Information

Full Name:	Student ID:
SCSU username:	Phone:
Student Status:	Major/Minor:

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SCSU Academic Advisor/Faculty Information

Full Name:	Department:
SCSU username:	Phone:

External Agency I - Location Information

Name of Agency:			
Street Address:			
City:	State:	Zip:	

External Agency II - Direct Supervisor of Student Information

Direct Supervisor Name:	
Direct Supervisor Position:	
email:	phone:

Objectives and Career Goals (Including how contact hours will be met. **300 word limit**)

Please explain the following: 1) how will you apply your academic studies to your Co-op experience; and
2) how will this experience support your academic and professional goals?

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INSTRUCTIONS: This page should not be scanned after printing. **All signatures are required in pen ink only, do not sign and then scan this page** other than for your own personal records. **Once completed and the document is reviewed signatures should be signed by hand.**

I understand that when I register for any class at Southern Connecticut State University (SCSU) or receive any service from SCSU I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course/ housing registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, SCSU may refer my delinquent account to a collection agency and the University may no longer accept direct payments. I further understand that if SCSU refers my student account balance to a third party for collection, a collection fee will be assessed and that my delinquent account may be reported to one or more of the national credit bureaus. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: <http://www.southernct.edu/studentaccounts/StudentEnrollmentAgreement.pdf>.

Signatures

This Cooperative Education Program Agreement is accepted by the following:

Student: _____ Date: ____/____/____

SCSU Advisor: _____ Date: ____/____/____

Cooperative Education Director: _____ Date: ____/____/____

Director/Chairperson: _____ Date: ____/____/____

Please Print Program Director or Dept. Chairperson

Director/Chairperson: _____ Date: ____/____/____

Program Director or Dept. Chairperson Signature

Dean/AVP: _____ Date: ____/____/____

NOTE: It is the responsibility of the student, faculty supervisor, and department chairperson to make a file copy of this proposal for their records.