College of Business Administration
CO-OP FOR CREDIT

Students that meet departmental requirements may be scheduled for co-op courses with the permission of the faculty sponsor, the Departmental/Program Co-Op Coordinator and the Dean’s Office. This form must be completed and approved no later than 8 weeks prior to the semester in which the Co-Op will take place.

NO PROJECTS WILL BE APPROVED AFTER THAT DATE

DEPT/COURSE #: __________ CREDITS FOR PROJECT: __________

STUDENT NAME: ____________________________________________________________
                          Last     First    Initial
BRONC ID: ______________ MAJOR: ____________ MINOR: __________
CLASS YEAR: __________ GPA: __________ SEMESTER/YR. OF CO-OP: __________

CO-OP PLACEMENT INFORMATION:

Name of Company/Organization: __________________________________________________
Address of Company/Organization: ________________________________________________
Title of Student Position: ________________________ Hours to be worked per week: ____
Name and Title of On-site Supervisor: ______________________________________________
Supervisor’s Phone #: _________________ Will you be compensated?: ____YES _____NO

Please attach the following to this form:
• A brief description of the company/organization where the Co-Op will take place.
• A description from the sponsoring organization of the Co-Op duties.
• A description of the expected learning outcomes from the Co-Op experience.
• A list of the readings assigned by the faculty supervisor for the Co-Op course.
• A description of the project or paper to be submitted for faculty evaluation.

SIGNATURES:

STUDENT: _____________________________________________ DATE: ___________
FACULTY SPONSOR: ______________________________________ DATE: ___________
DEPARTMENTAL COORDINATOR: __________________________ DATE: ___________
ACADEMIC COORDINATOR (Dean’s Office): _________________ DATE: ___________

WHEN ALL SIGNATURES ARE RECEIVED, TAKE THIS FORM TO THE REGISTRAR’S OFFICE.

REGISTRAR: ___________________________________ DATE: ___________