

Semester _____

**AUTHORIZATION TO ENROLL
COOPERATIVE EDUCATION WORK EXPERIENCE
298 and 498**

Name of Student _____ Student ID# _____

Address _____ Birth Date _____

City, State, Zip _____

E-mail _____ Phone # _____

Course Prefix _____ **Level** 298 498 **Credits** _____
(circle one)

Name of Employer _____

Position _____ Wage _____

Supervisor _____ Title _____

Address _____

City, State, Zip _____ Phone # _____

Will include defining learning objectives with the student, employer and college coordinator and submitting them to the Cooperative Education Office.

Advisor's Signature

Dean

****Please understand that by signing above you feel this Cooperative Education work experience is appropriate in your academic degree program.**

Career Center Office

Registrar's Office

CONSENT FOR ACCESS TO STUDENT RECORDS

In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by the Cooperative Education Program. It is understood that such information will be discussed only with a potential employer, and that such employer will be enjoined from releasing this information to any third party.

Student's Signature

Date of Signature