Application for Enrollment in Cooperative Education

Name ________________________________ Texas State ID __________________

Texas State E-mail address ______________________________ Alternate E-mail address __________________

Name and location of coop site __________________________________________________________

Name of coop supervisor ________________________________

Proposed activity ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How will it be accomplished? (list at least 4 measurable outcomes or objectives you will accomplish—must not use the same verb more than once)

a. _____________________________________________________________________________

b. _____________________________________________________________________________

c. _____________________________________________________________________________

d. _____________________________________________________________________________

Significance of proposed activity (for both the agency and the student) ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

☐ Activity does NOT need IRB approval. ☐ Activity requires IRB approval and the approval is attached.

List Professional Development courses (ex: MC 3343). The internship project MUST relate to the Professional Development courses.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I attended a formal orientation at the location checked below and have completed all the required prerequisites, as stated below, and they have been posted to my Texas State transcript.

Attended orientation at: ☐ RRHEC ☐ San Marcos ☐ San Antonio

Date of orientation: ____________

Orientation conducted by: ________________________________________________

Student Signature __________________ Date ____________

Faculty Advisor Signature __________________ Date ____________

Coop Supervisor Signature __________________ Date ____________

Program Chair Signature __________________ Date ____________

Prerequisites for enrollment in OCED 4360/4361 – 1) Must have completed all core curriculum requirements and the foreign language requirement (if required), 2) Occupational Emphasis and electives completed, 3) 12 of the 18 hours completed in the Professional Development with a 2.25 GPA, 4) Official signed degree audit report, 5) Minimum of 2.00 GPA with Texas State, and 6) Student must be in their final semester. NOTE: All these prerequisites must be posted to the Texas State transcript before approval will be given to register.

My preferred section of OCED 4360/4361 to register for is: Day/Location __________________________ Semester: ☐ Fall ☐ Spring ☐ Summer.

NOTE: Preferences will be given in the order the applications are received in the Occupational Education office, and on completion of the required prerequisites.

FOR OFFICE USE ONLY: Date received ____________ Prerequisites completed ______ Yes ______ No

Comments: ________________________________

5/4/09