LINCOLN UNIVERSITY
Division of Continuing Education and Evening/Weekend Instruction

COOPERATIVE EDUCATION
Request to Enroll in Cooperative Education Program

NAME: (PLEASE PRINT)	SSN/STUDENT ID:
NUMBER OF COOPERATIVE EDUCATION HOURS REQUESTED:	SEMESTER:

I realize that I can obtain a maximum of 6 credit hours per semester and 3 hours credit per summer session, not to exceed 15 hours of credit and that it will be awarded below the 300 level and will be elective credit unless otherwise approved by the chief academic officer. The cost to take a cooperative education program is the regular semester hour rate.

_____ _____
Signed Date

REQUIREMENTS

Academic Level (completed the sophomore year – 60+ hours):	❑ YES	❑ NO
Cumulative GPA of at least 2.0	GPA:_____	
Transcript Attached	❑ YES	❑ NO
Advisor/Department Head Recommendation Received Date Received: _____	❑ YES	❑ NO
Acceptance Letter from Employer Date Received: _____	❑ YES	❑ NO

APPROVAL TO PARTICIPATE

APPROVAL OF COOPERATIVE EDUCATION DIRECTOR:	
_____	_____
Signed	Date

FINAL EVALUATION

Weekly Journals Received (16 total) # Received:_____	❑ YES	❑ NO
Term Paper Received (Date:_____)	❑ YES	❑ NO
On-Site Visit Completed (Date:_____)	❑ YES	❑ NO
Mid-Term Employer Evaluation Received (Date:_____)	❑ YES	❑ NO
Grade Awarded	❑ Satisfactory	❑ Unsatisfactory

FINAL APPROVAL OF COOPERATIVE EDUCATION DIRECTOR:	
_____	_____
Signed	Date