



ADDITIONAL DUTIES FORM

Request to Remain with Present Employer for a Cooperative Education/Internship Experience

Students who request to participate in CCM's Cooperative Education / Internship Program using their present employers must provide some specific information regarding current job duties as well as new areas of responsibility and learning goals for the semester.

First, current position activities should be summarized on the Additional Duties Form. The faculty advisor will compare them with the new activities planned for the co-op/intern semester.

Next, specific learning goals for the semester need to be identified. New areas of responsibility should be spelled out in some detail. In order for the experience to qualify for academic credit, there must be a significant amount of new learning taking place *throughout* the semester.

We recommend that the student and the work supervisor plan this experience together so that all parties understand the commitment being made. **Completed form must be signed by the student, the work supervisor and the faculty advisor** before returning it to the Office of Career Services and Cooperative Education.

The final decision as to whether the quality and quantity of the learning experience is sufficient for academic credit rests with the **faculty co-op/intern advisor** in the student's academic department. Specific questions about the appropriateness of activities and goals should be directed to that individual.

**Cooperative Education / Internship Program
ADDITIONAL DUTIES FORM**

Student _____ Semester _____

Employer _____

Employer Address _____
Street City State Zip

Work Supervisor _____ Supv. Phone _____

Supervisor E-Mail _____

Employers, if a student already in your employ wishes to remain with your organization for a co-op or internship experience, please describe his/her current job duties and, then identify, in some detail, areas of **new** responsibility which the student will use as his/her learning goals for the semester.

CURRENT POSITION ACTIVITIES _____

AREAS OF NEW RESPONSIBILITY / LEARNING GOALS _____

Signatures:

Employer Supervisor Date

Student Date

Faculty Advisor Date

Career Services Date

Faculty Use Only: Please register this student for Course #(s) _____ / Term _____