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 __________