

# CO-OP REGISTRATION REQUEST

Department of Mechanical & Aerospace Engineering

EAS 4949

EML 4949

This form is required for registration in **4945: Co-Op Work Experience**. Please fill out this form **COMPLETELY** with signatures and **(return to Room 219 MAE-A Bldg and the Undergraduate Secretary will register you for this course)** - (This is usually a 2-year rotation)

## NOTES:

- 1 This course is graded {S or U} for 1 credit and is fee liable. Even though you are not physically on campus you are still responsible for **all tuition and fees** due by the appropriate deadlines.
- 2 You must also complete the **Co-op Participation Packet**-(*1st time students only*) which is attached and see the Undergraduate Secretary for review. Once completed submit the *entire packet* to the Career Resource Center, on the first floor, Reitz Union. **(For continuing students, you do not have to complete another packet)**
- 3 Co-Op can be used towards your **Summer Requirement**. In order for this to be approved you **MUST** be employed by an engineering firm in an engineering-related capacity. You can download the **“Summer Enrollment Requirement Waiver”** form at [www.registrar.ufl.edu/pdf/summer\\_enrollment\\_waiver.pdf](http://www.registrar.ufl.edu/pdf/summer_enrollment_waiver.pdf) or stop by room 219 MAE-A bldg.
- 4 You are not required to register for this course unless you plan to use this 1 credit towards your Technical Electives.

Name: \_\_\_\_\_ UFID#: \_\_\_\_\_ Major: \_\_\_\_\_

Gatorlink Email: \_\_\_\_\_ Classification: \_\_\_\_\_ Term:  Fall \_\_\_  Spr \_\_\_  Sum C \_\_\_

## Company Contact Information:

Name of Company: \_\_\_\_\_

Supervisor (name and title): \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Student's Contact Information While Working:

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grading Policy:** In order to earn a satisfactory grade for **EAS/EML 4949**, you must return the **“Student Work Report & Employer Evaluation”** forms to the Career Resource Center by the last day of classes in the term for which you are registered. If you have any questions, please contact the Co-op office at 392-1601. Unsatisfactory grades will automatically be given to students who do not return these forms on time. The Department reserves the right to assign U grades for other reasons as well.

\*\*\*\*\*

Department Approval

Department Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## **CONGRATULATIONS ON YOUR COOPERATIVE EDUCATION OFFER!**

***PLEASE KEEP THIS SHEET FOR YOUR REFERENCE***

Please review and complete the following attached forms:

- Cooperative Education Student Agreement
- Proposed Co-op Work/School Schedule

**We cannot accept this document without your academic advisor's signature!**

In addition to these forms, you will need to submit:

- Copy of your current resume
- Copy of your co-op offer (either the offer letter or email)

***Welcome aboard!*** We look forward to providing you with a memorable and worthwhile learning experience. You will receive additional communication from our team while you are at your co-op. In the meantime, please do not hesitate to contact Experiential Education Team if you have any questions.

**Experiential Education Team**

CRCExpEd@crc.ufl.edu

## **COOPERATIVE EDUCATION STUDENT AGREEMENT**

### **ADMINISTRATION OF THE PROGRAM**

The University of Florida Career Resource Center Cooperative Education registration process consists of Alternating and Parallel Work/Study options. Finding and maintaining Co-op assignments mutually beneficial to you and the employer is not an easy task. If Co-op student turnover is too great or problems occur too frequently, the employer is justified in discontinuing the program.

### **COOPERATIVE EDUCATION AGREEMENT**

**As stated above, continuity is the key to a successful Co-op experience. For this reason, it is necessary that you read, understand and sign this agreement concerning registration with the University of Florida Career Resource Center.**

1. Participation is open only to students who expect to graduate from the University of Florida. If you expect to transfer to another institution before graduation, you should not enroll in the program.
2. Transfer students and graduate students must complete one full-time academic semester, in addition to the criteria above. All students must maintain a 2.0/4.0 GPA.
3. Once you have started the Co-op program you will be expected to follow the alternating work/school sequence proposed in your work/school schedule. **ANY CHANGES MUST BE COMMUNICATED TO YOUR EMPLOYER, ACADEMIC ADVISOR, AND THE CAREER RESOURCE CENTER.**
4. All UNDERGRADUATE ENGINEERING STUDENTS are required to complete either alternating or parallel co-op experiences. If the co-op does not alternate, then it is an INTERNSHIP. A parallel Co-op consists of students working a minimum 20 hours per week while continuing to attend classes.

**Note:** All students registered in the alternating Co-op Program will either be on work assignment or attending classes during each academic semester, including summer semesters. At least one work semester must occur during the fall or spring semester.

5. Prior to leaving campus to begin each work semester, ALL STUDENTS must meet with their academic advisor regarding registration and fees for a Co-op course.
6. **ALL STUDENTS MUST SUBMIT A COMPLETED CO-OP STUDENT WORK REPORT AND EMPLOYER EVALUATION AT THE END OF EACH WORK SEMESTER.**

**ATTENTION STUDENTS COMPLETING A CO-OP EXPERIENCE DURING FALL SEMESTER:** Please contact the Experiential Education Staff (CRCExpEd@crc.ufl.edu) **AS EARLY AS POSSIBLE** to inform us if you won football tickets in the student lottery. If you won tickets, but will be away on a co-op, you are still eligible to receive them if you inform us **immediately!**

**\*Please note: The University of Florida Career Resource Center is not responsible for academic credit or scholarship material.**

- If you have a question regarding a co-op course or additional academic coursework: Please contact your academic advisor directly.
- If you have a question regarding scholarship attainment during the duration of your co-op experience: please contact the Financial Aid department.

**Your signature attests to your acceptance of the above conditions for participating in the Cooperative Education registration process with the University of Florida Career Resource Center.**

**Demographic & Contact Information**

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Classification/Major

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Email Address

\_\_\_\_\_  
Ethnicity

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Phone Number

**Organization Information**

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
City, County, State ( where work will take place)  
or City, Country

**Signatures**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Resource Center Staff Member

\_\_\_\_\_  
Date

# UNIVERSITY OF FLORIDA COOPERATIVE EDUCATION

## PROPOSED CO-OP WORK / SCHOOL SCHEDULE

In the boxes below, indicate the semesters you will be working and in school by writing “work” or “school” in the appropriate boxes. If you will be participating in the parallel program, start with the semester you will begin working and write “parallel” for those semesters you propose to be working and attending classes concurrently.

Student’s Name: \_\_\_\_\_ Major: \_\_\_\_\_

| Co-op Format Desired (check one): <input type="checkbox"/> Alternating <input type="checkbox"/> Parallel   |               |                 |                 |
|--|---------------|-----------------|-----------------|
| Academic Year<br>(i.e. 2018-2019)  | Fall Semester | Spring Semester | Summer Semester |
|  |               |                 |                 |
| Academic Year<br>(i.e. 2019-2020)  | Fall Semester | Spring Semester | Summer Semester |
|  |               |                 |                 |
| Academic Year<br>(i.e. 2020-2021)  | Fall Semester | Spring Semester | Summer Semester |
|  |               |                 |                 |
| After completion of your Co-op work assignments, when will you graduate?<br><br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"><b>Semester</b></div> <div style="text-align: center;"><b>Year</b></div> </div> |               |                 |                 |

\* This section must be completed by the student and/or academic advisor.

**If any subsequent changes need to be made to this schedule, please contact your academic department.**

|  |       |
|--|-------|
|  | Date  |
| <u>Student Signature:</u> _____          | _____ |
| <u>Academic Advisor Name:</u> _____      | _____ |
| <u>Academic Advisor Signature:</u> _____ | _____ |
| <u>CRC Staff Member Signature:</u> _____ | _____ |