For more information contact:

Student Success and Career Services  
www.ndscs.edu/careerservices  
Old Main  
(701) 671-3000  
Fax (701) 671-2315  
NDSCS.CareerServices@ndscs.edu  
Job Search Site: www.NDSCS.edu/jobs
STUDENT CHECKLIST

Completing the enrollment process:

___ Successfully completed one-year or 2 semesters in your program at NDSCS.
___ Maintained a minimum of a 2.0 grade point average. **NOTE:** Faculty and the Student Success & Career Services office will verify GPA and if it does not meet the requirement, you will be dropped from the Cooperative Education program.
___ Attended an information presentation on Cooperative Education and/or visited with Student Success and Career Services office.
___ Found employment. If you need assistance finding employment, contact the Student Success & Career Services office.
___ Read, understood and agreed to the Cooperative Education Student Guidelines outlined in this booklet.
___ Completely fill out all required forms including getting all required signatures and submit them to the Student Success & Career Services office. This includes:
   * COOPERATIVE EDUCATION STUDENT RESPONSIBILITIES FORM
   * COOPERATIVE EDUCATION CANDIDATE ENROLLMENT FORM
   * COOPERATIVE EDUCATION FACULTY REFERENCE FORM
   * COOPERATIVE EDUCATION AGREEMENT
   * COOPERATIVE EDUCATION TRAINING PLAN
___ Ensure you have completed the Financial Obligation Agreement (FOA) for the semester of your Co-op AND verified that you don’t have any holds on your CampusConnection account impacting your ability to get registered for the credits.
___ Register for the Co-op credits.

During the Cooperative Education experience:

___ During Co-op employment, keep track of your hours and wages. (162 hours per credit hour must be completed). A typical 2 credit Co-op requires a total of 324 hours.
___ Keep in mind, while working for the Co-op Company, you are representing North Dakota State College of Science. You will need to demonstrate that you are a responsible, trustworthy, dependable employee.
___ Review the Cooperative Education fees and pay North Dakota State College of Science for your credits. Fees are found in CampusConnection.
___ Notify the Student Success and Career Services office of any changes that occur such as changing your mind about conducting a Co-op, switching employers, getting dismissed from a position, etc. If you are dismissed from your job assignment, it is **your responsibility** to find new employment, complete the required paperwork with the new employer, and finish your Co-op hours. Failure to do so will result in an incomplete grade until the hours are finished or an Unsatisfactory grade.
___ Contact the Student Success & Career Services office if job duties do not align with those outlined and agreed to by the employer and you on the Cooperative Education Training Plan.

After successful completion of the Cooperative Education experience:

___ Watch your campus email for a link to provide the final paperwork or go to the Student Success Center in Old Main within the **first eight weeks** of the next semester to:
   □ Complete the Cooperative Education Student Evaluation Form.
   □ Provide proof of hours (for example, a recent pay stub that shows accumulated hours worked).
___ Check with the Student Success and Career Services office to make sure your file is complete.

Effective 2024
Cooperative Education Student Responsibilities Form

This information sheet is to guarantee that you, the student, understand your responsibilities for your involvement in Cooperative Education. This form is not only to inform you of your duties, but a requirement before enrolling in Cooperative Education. Please take the time to read these carefully, because these are your responsibilities. If you fail to complete even one of your responsibilities, the result may be either an Incomplete/Unsatisfactory grade or no Co-op credits granted/registered.

1. I must completely fill out the Cooperative Education Candidate Enrollment Form.
2. I must have a minimum of a 2.0 grade point average for all programs. I understand the Student Success & Career Services office will verify my GPA and if it does not meet the requirement, I will not be allowed to conduct a Cooperative Education experience.
3. I must provide a Cooperative Education Faculty Reference, therefore providing permission from my department to complete a Cooperative Education experience (this form is in the guidebook).
4. If I need help seeking employment, I must contact the Student Success & Career Services Office.
5. Once employment is obtained and the proper forms are completed and turned in, I will be allowed to register for Co-op credits.
6. During Co-op employment, it is my responsibility to keep track of my hours and wages (162 hours per credit hour must be completed, total of 324 for 2 credits).
7. I must keep in mind, while working for the Co-op company, I am responsible for representing North Dakota State College of Science and I must work as a responsible, trustworthy and dependable employee.
8. If I am dismissed from my job assignment, it is my responsibility to notify the Student Success and Career Services office right away and find new employment to finish my Co-op hours. Failure to do so will result in a U (Unsatisfactory) grade.
9. I understand that if I change employers, I will need to complete the proper paperwork and submit to the Student Success and Career Services office as quickly as possible.
10. I understand Cooperative Education fees and agree to pay North Dakota State College of Science for my credits following the NDSCS fee payment schedule.
11. I understand I must notify the Student Success and Career Services office of any changes that may occur including changing my mind about conducting a Co-op, switching employers, being dismissed from a position, etc.
12. I must complete the Cooperative Education Student Evaluation Form (found in the guidebook) and return it to the SCS office at the end of my co-op experience.
13. I must provide proof of my hours worked (i.e. most recent pay stub) as soon as the required number of work hours for my credits has been met.
14. Prior to starting my co-op, I should check with the Student Success & Career Services office to make sure that my file is complete.
15. I have read and agree to the Cooperative Education Student Responsibilities Form (this form).

I understand my responsibilities in Cooperative Education. I also understand that if I fail to complete my responsibilities, it may result in an Incomplete/Unsatisfactory grade or no credits granted. In agreement to these responsibilities, I would like to continue enrollment in Cooperative Education.

NAME
Cooperative Education Student Name (PRINTED) Date

NAME
Cooperative Education Student Name (SIGNED) Date

Effective 2024
Cooperative Education Candidate Enrollment Form

Student Success and Career Services
North Dakota State College of Science
Old Main

Student Data (PLEASE PRINT CLEARLY)

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle Initial)</th>
<th>Student ID Number (REQUIRED)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address during Co-op</th>
<th>(Street, City, State, Zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address (if different from above)</th>
<th>Phone (must be able to reach you during your co-op)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address (REQUIRED)</th>
<th>GPA</th>
<th>Please Circle Year in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st 2nd 3rd Transfer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Program</th>
<th>Name of your Academic Advisor/Instructor</th>
</tr>
</thead>
</table>

Read, initial and sign:

_______ Family Education Rights and Privacy Act of 1974: For the duration of my active participation in Cooperative Education, I hereby authorize the Director of Student Success & Career Services to release the contents of my file to any prospective employer.

_______ I hereby agree to comply with all applicable policies of the Cooperative Education Program, including registration for Cooperative Education credits assigned to me and payment of the credit hour fees.

In signing this I understand the Student Success & Career Services office is not responsible for finding me a job, but rather responsible for assisting me in finding a Cooperative Education position. It is my responsibility to obtain job placement.

I have read and understand my responsibilities for Cooperative Education.

_________________________________________________________  __________
Student Signature                                     Date  

Effective 2024
Cooperative Education Agreement

This document establishes an agreement between North Dakota State College of Science and

________________________________________________________
(Name of Employer)

for

________________________________________________________
(Name of Student)

Address of Employer

Street address  City, State  Zip Code

Name of Supervisor _______________________________________

Telephone Number ______________________  E-mail Address ___________________________________

The EMPLOYER agrees to provide the student a variety of work experiences as outlined in the Cooperative Education Training Plan. The EMPLOYER agrees to pay the student a wage/salary of _______________. The EMPLOYER also has the option to pay for the student’s credits for the Co-op. The SUPERVISOR will have adequate time to supervise the student and will report any difficulties to the coordinator. The Cooperative Education experience will extend for approximately ___________ number of months from ____________ (date) through ____________ (date). At the end of this period, this agreement shall terminate.

Would the Employer agree to pay for student’s credits (please circle one):  Yes  or  No

The STUDENT agrees to perform the work experiences assigned by the employer according to the company policies and regulations as they apply to regular employees. The student will also maintain high moral standards and uphold the standards of the business, especially confidentiality and honesty. The student further agrees to report to work punctually, regularly, and will notify the employer or supervisor if he/she is unable to be present. The student will accomplish the goals as outlined in the Cooperative Education Training Plan. At the end of the work experience, the student will return to NDSCS to complete their education.

The NDSCS DIRECTOR of Career Services will assist the employer and offer guidance and counseling when necessary.

The EMPLOYER agrees to provide an equal opportunity for all individuals without regard to race, color, national origin, religion, sex, disability, age, sexual orientation, or status with regard to marriage or public assistance, and should this working agreement become unsatisfactory for any party it can be dissolved with proper notice to employer, student and NDSCS Director of Career Services.

_______________________________________________  ____________________________________
Student Signature  Date

_______________________________________________  ____________________________________
Employer/ Supervisor Signature  Date

_______________________________________________  ____________________________________
NDSCS Faculty/Advisor Signature  Date

_______________________________________________  ____________________________________
NDSCS Director of Career Services Signature  Date

Effective 2024
Cooperative Education Training Plan

This training plan must be completed to guarantee the work performed by the Cooperative Education student is beneficial to his/her education. Please list the duties and tasks the student will be expected to perform.

______________________________________  ______________________________________
Name of Employer                  Name of Cooperative Education Student

Duties/Tasks
(Please note: not all lines need to be used; additional duties can be listed on the back)

1.____________________________________  9.____________________________________

2.____________________________________  10.____________________________________

3.____________________________________  11.____________________________________

4.____________________________________  12.____________________________________

5.____________________________________  13.____________________________________

6.____________________________________  14.____________________________________

7.____________________________________  15.____________________________________

8.____________________________________  16.____________________________________

______________________________________  Date
Student Signature                      

______________________________________  Date
Employer/Supervisor Signature

______________________________________  Date
NDSCS Faculty/Advisor Signature

______________________________________  Date
NDSCS Director of Career Services Signature
Cooperative Education Faculty Reference Form

Student Success and Career Services  
North Dakota State College of Science  
Old Main

1 (800) 342-4325 x 3000  
(701) 671-3000  
Fax: (701) 671-2315

(To be completed and signed by your Academic Advisor.)

<table>
<thead>
<tr>
<th>Cooperative Education Student Name</th>
<th>ID Number</th>
<th>Academic Program</th>
<th>GPA (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Please circle: 1st year student  
2nd year student  
3rd year student  
Transfer

Number of credits for this Co-op: ______________

Name of Faculty Advisor/Chair

To the Faculty Advisor and/or Department Chair:

The reference currently being requested by the Student Success & Career Services office is imperative:

1. To confirm the student’s affiliation with your department.
2. To obtain any statements or reservations concerning the student’s participation in a Co-op. If you have “no reservations” then stating that below will complete the permission process. A detailed reference is not needed unless your department deems necessary.

Your assistance with this verification is invaluable to the students and the program. Your cooperation is greatly appreciated.

Faculty Reference Comments:

__________________________________________________  
__________________________________________________  
__________________________________________________  
__________________________________________________

Faculty Advisor OR Department Chair Signature  
Date

Effective 2024