

Cooperative Education Learning Plan

Lakeland Community College
7700 Clocktower Drive, Kirtland, Ohio 44094

Course Number _____
Semester _____Year _____

Employer: _____

Supervisor: _____ Telephone: _____

Address: _____

Student: _____ ID Number: _____

Major: _____ Faculty Advisor: _____

Co-op Student will complete top portion and Part A below. Co-op Faculty Advisor and Co-op Student will complete Parts B and C together prior to signing the document.

Part A: Brief description of the Co-op student's work duties/responsibilities:

Part B: Learning objectives of the Cooperative Education work experience:

Part C: Criteria for evaluating learning objectives:

Approved to replace course (name/number) _____.
____ Approved as additional credits not applicable to degree/certificate program.

Co-op Student's signature

Date

Co-op Faculty Advisor's signature

Date