

WALLACE STATE COMMUNITY COLLEGE
HANCEVILLE, ALABAMA

BUS 196 Course Syllabus
Cooperative Education 1 hour credit

A work experience in which students are gainfully employed in a career related position each week during the semester. Your first step is to contact the Cooperative Education office (256-352-8178 or 8133) to schedule an orientation meeting to discuss the requirements for Cooperative Education and get answers to any questions you may have.

INFORMATION

You will be required to complete and submit, on or before their due dates, all Cooperative Education work reports. Each report pertains to job performance, directly related to established, measurable learning objectives, set at the beginning of each semester and created to provide students with experience of the knowledge gained in the classroom. **“Students must take the WorkKeys assessment prior to graduation. It is recommended that this assessment be taken shortly after completing Math and English classes. This is a graduation requirement.”**

REQUIRED CO-OP EXPERIENCE ASSIGNMENTS

1. Completed Data Information Form.
2. Completed Employer’s Statement of Cooperation .
3. Completed Report on Learning Objectives
4. Completed work experience questionnaire.
5. Documented and verified time worked, using the Time & Wage Sheet.
6. Completed supervisor’s evaluation of your work performance, using Cooperative Education’s Evaluation Form.
7. Students are responsible for turning in each report on or before the due date. The Cooperative Education reports determine your overall grade.
8. Methods of Evaluation:
 1. A student can earn 100 points by completing all required assignments on the scheduled dates, and have above average grades on the dependability area listed on the evaluation.
 2. Five points will be deducted on each assignment which is late unless prior approval of the cooperative education director.
 3. Ten points will be deducted from the grade for a work evaluation, which indicates an average mark on the dependability category
 4. Twenty points will be deducted from the grade for a work evaluation, which indicates below average mark on the dependability category.

If you have any questions or need assistance, please contact the Cooperative Education Office.

Wallace State Community College follows equal opportunities admissions policies and employment practices. The college facilities are accessible to persons with disabilities.

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Data Information Form

Check present Semester: Fall Spring Summer

Name _____

Student Number or Social Security Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Telephone Number () _____

Cell Telephone Number _____ Major _____

Cooperative Education Class _____ Advisor _____

Ethnic background: _____ Male Female Veteran: Yes No

Date of Birth (mm/dd/yy) _____

Freshman Sophomore Hours Completed _____ GPA _____

Anticipated Graduation Date _____

Employer _____

Address of Employer _____

Supervisor's Name and Job Title:

Department _____ Your Job Title _____

Work Phone _____ Date of Employment _____

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Compensation _____ per hour, week, month Number of hours worked weekly_____

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COOPERATIVE EDUCATION PROGRAM
EMPLOYER'S STATEMENT OF COOPERATION

Cooperative Education provides valuable educational learning opportunities through work experience. This form is neither a contract nor a letter of agreement; but a statement of the degree of participation the employer is willing to embrace as an educational performance evaluator.

TO INSURE A SUCCESSFUL LEARNING EXPERIENCE THIS SEMESTER FOR:

(Name of Student Participant)

To supervise the student in the following job:

Type of work _____ Starting Date _____

Employer _____ Telephone Number _____

Employer Address _____

City _____ State _____ Zip _____

Educational cooperation endorsed by:

Employer Representative

Title or Department

Date

Director Cooperative Education

WALLACE STATE COMMUNITY COLLEGE
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REPORT ON LEARNING OBJECTIVES

Name _____ Student Number _____

Check appropriate Cooperative Education work period: Fall Spring Summer

Major _____

Describe three learning objectives in sentence form, your goal statements and how you can accomplish these goals.

1) Goal Statement #1

2) Goal Statement #2

3) Goal Statement # 3

List your job title and give a description of your duties. _____

Date of Report

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Work Experience Questionnaire

NAME

COOPERATING EMPLOYER

JOB TITLE

1. To what extent are tasks well-defined and organized? (Please describe in detail)

2. How have your duties changed since you began?

3. What are the difficult features of the job?

4. How does your job relate to the operation of the entire organization?

5. Check which of the following characteristics are especially important in performing the job you have been assigned?

<input type="checkbox"/> Ability to plan	<input type="checkbox"/> Initiative
<input type="checkbox"/> Skill in oral expression	<input type="checkbox"/> Skill in written expression
<input type="checkbox"/> Ability to meet and deal with the public	<input type="checkbox"/> Ability to follow through on details
<input type="checkbox"/> Ability to make arithmetic computations	<input type="checkbox"/> Ability to make decisions
<input type="checkbox"/> Professional personal appearance	<input type="checkbox"/> Mental Alertness
<input type="checkbox"/> Judgment	<input type="checkbox"/> Dexterity
<input type="checkbox"/> Resourcefulness	<input type="checkbox"/> Ability to perform under pressure
<input type="checkbox"/> Good physical condition, such as strength, health, and reaction time	
<input type="checkbox"/> Ability to be supervised	

6. Give indication of your degree of satisfaction with the job.

7. List (on back) any concern you may have about your future job plans that you would like to discuss with the Cooperative Education Coordinator.

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STUDENT TIME/WAGE REPORT

To obtain proper academic credit, an account of time and days worked on the job must be recorded by each Co-op student (including wages earned). This information is necessary for departmental records and is kept strictly confidential.

Student's Name: _____ Employer: _____

Total Hours worked during semester: _____ Total wages before deductions: _____

Type in # hours worked each day and add up total hours for each week and each month

Month _____

Weeks	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hrs.	Weekly wage
Week 1									
Week 2									
Week 3									
Week 4									
Monthly Totals									

Month _____

Weeks	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hrs.	Weekly wage
Week 1									
Week 2									
Week 3									
Week 4									
Monthly Totals									

Month _____

Weeks	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hrs.	Weekly wage
Week 1									
Week 2									
Week 3									
Week 4									
Monthly Totals									

Month _____

Weeks	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hrs.	Weekly wage
Week 1									
Week 2									
Week 3									
Week 4									
Monthly Totals									

I certify that the above time report is a true statement of the hours worked. _____

(Student Signature)

Date: _____

