Cooperative Education Program

The Colorado School of Mines Cooperative Education Program is an opportunity for undergraduate students to connect experiential activity relevant to a declared Mines major to academic coursework to earn elective credit. Because this credit (up to 3 credits of free elective) must be reflective of the standards of Mines, careful consideration and planning is required before committing to the Co-Op. The academic program of the Mines Co-Op is an agreement between student, student’s major department, and the Mines Career Center. Permissions and verifications must be in place to before beginning a co-op. The work assignment of the program is a contract between the student and the employer.

Specific requirements of a Co-Op:

- Student must be in good disciplinary and academic standing, with a minimum 2.0 GPA, and have completed a minimum of 3 semesters at Mines (2 semesters for transfer students). Student must time the Co-Op in such a way that the on-site interval of the co-op and return to Mines occurs at least one semester prior to graduation. Credit (and tuition) is applied the semester of return.
- Employer and Student must commit to an employment agreement equivalent to a minimum of 6 months full-time work; this may be structured in a variety of ways:
  - Full-time six month interval, including summer and one semester off-campus;
  - Alternating semesters between work and school until completion of required time of service;
  - Parallel program, working full-time during the summer, plus part-time (≥ 20 hours/week) during the academic year (local employers only).
- Student must complete all paperwork and acquire signatures for approval for the Co-Op before the work assignment is begun. A “Co-Op 340” designation put in place to maintain the active status of the student.
- Student must maintain personal health insurance during the time of academic activity off-campus.
- Student must submit interim paperwork and evaluations to the Career Center according to the schedule noted in this document, with all paperwork completed prior to the semester of return. A technical report follows completion of the work segment, completed to the satisfaction of the academic department by mid-semester; an appropriate letter grade is submitted by the department co-op at semester end.

Prior to committing to a Co-Op, the Student must:

- Plan coursework for remainder of degree completion (please note that not all courses are offered every semester and student needs to be aware that pre-requisites and course progression may affect both scheduling and, ultimately, the date of graduation.)
- Create relevant learning objectives, based on the job description to be performed and with the help and acknowledgment of the supervisor signing for the Employer – these learning objectives must be submitted before student’s departure. If the Employer changes a Student’s assigned tasks, learning objectives are to be re-written and re-submitted to the Career Center.
- Receive signatures of prior approval from academic department (advisor), employer, and Career Center.
- Clarify/complete any health insurance or financial aid arrangements, submitting required forms to their respective offices.

While at the Co-Op jobsite, the Student must:

- Check in with the Career Center Co-Op Coordinator at the mid-point of the Co-Op, ensuring that the Employer submitts a required mid-term evaluation. Student must contact the Career Center if problems arise affecting the successful completion of the Co-Op experience.
- Register on Trailhead for courses to be taken during the return semester (allow for 3 hours for Co-Op340 which will be added as a departmental 340 course; tuition/fees will be assessed accordingly).
- Plan for the final project (technical paper) with notations, photos, etc.

On return to Colorado School of Mines, the Student must:

- Provide the Career Center with the Employer’s Final Feedback form and complete an “exit interview” with the Career Center Co-Op Coordinator.
- Submit the final project to the academic department, with a copy to the Career Center.
## CO-OP PROCEDURE TIMELINE

All documents and processes listed below, unless otherwise specified, are completed within the **DiggerNet system**. Any documents below with an asterisk* must be printed and signed by all responsible parties and uploaded into DiggerNet. Hard copies of all forms listed below can be provided upon request if DiggerNet access is unavailable.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Completed By</th>
<th>Deadline To Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cooperative Education Student Agreement</td>
<td>Student</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>*Cooperative Education Pre-Approval from Faculty</td>
<td>Student, Faculty</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Verification of Health Insurance Coverage</td>
<td>Student</td>
<td>Prior to beginning of co-op assignment, submitted to Student Health Benefits Coordinator</td>
</tr>
<tr>
<td>Request for Deferment of Scholarship/Financial Aid</td>
<td>Student</td>
<td>Prior to beginning of co-op assignment, submitted to Financial Aid Office</td>
</tr>
<tr>
<td>Employer Responsibilities &amp; Cooperative Education Contract</td>
<td>Employer</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Job-Related Learning Objectives Contract</td>
<td>Student, reviewed and approved by employer</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Employer Mid-Term Evaluation of Student</td>
<td>Employer</td>
<td>Mid-point of co-op assignment</td>
</tr>
<tr>
<td>Employer Final Evaluation of Student</td>
<td>Employer</td>
<td>Within 10 days of co-op end</td>
</tr>
<tr>
<td>Student Self-Evaluation of Learning Objectives</td>
<td>Student</td>
<td>Within two weeks of return from co-op</td>
</tr>
<tr>
<td>Student Program Evaluation Reflection</td>
<td>Student</td>
<td>Within one month of return from co-op</td>
</tr>
<tr>
<td>Return Interview</td>
<td>Career Center Co-op Coordinator, with student</td>
<td>Within one month of return from co-op</td>
</tr>
<tr>
<td>Final Project Technical Report</td>
<td>Student, reviewed and graded by faculty</td>
<td>Due within 4 weeks of beginning of return semester</td>
</tr>
</tbody>
</table>
CO-OP CONTACT SHEET

When completing a co-op, there are multiple individuals to contact and keep in touch with along your experience. Use this sheet as a guide for campus contacts, as well as who to reach out to for questions.

MINES COOPERATIVE EDUCATION COORDINATOR

The Mines Career Center functions as the liaison between the employers seeking Co-Op students and the school.

Kristen Tandy, Career Center Co-op Coordinator, Career Advisor
Phone: 303-273-3703
Email: kntandy@mines.edu
fax 303-273-3956

MINES FACULTY CO-OP ADVISOR (complete once identified)

Name: _______________________________________________________
Department: ___________________________________________________
Email: _______________________________________________________
Phone: _______________________________________________________

EMPLOYER SUPERVISOR (complete once identified)

Name: _______________________________________________________
Department: ___________________________________________________
Email: _______________________________________________________
Phone: _______________________________________________________

MINES STUDENT HEALTH INSURANCE
Kathleen Ebeling, Colorado School of Mines Student Health Benefits Coordinator
Phone: 303-273-3388
Email: kebeling@mines.edu

MINES FINANCIAL AID:
Phone: 303-273-3301
Email: finaid@mines.edu

MINES REGISTRAR:
Phone: 303-273-3200
Email: registrar@mines.edu
COOPERATIVE EDUCATION STUDENT AGREEMENT  
(between the student and the school)

I understand and agree that I will complete the following requirements in order to be a participant in the Cooperative Education Program.

Before leaving campus:
   a. Submit this Student Agreement
   b. Submit Degree Plan Approval from Faculty
   c. Submit Cooperative Education Contract on DiggerNet
   d. Upload 3 Learning Objectives on DiggerNet
   e. Complete Health Insurance and Financial Aid forms with their respective offices on campus

During CO-OP work experience:
   a. Check in with the CO-OP Office after about 6 weeks on the job.
      - Co-op Coordinator: Kristen Tandy
      - Email: kntandy@mines.edu
      - Call toll free: 1-800-446-9488 x 3235
      - Regular number: 303-273-3235
   b. Prepare for preregistration
   c. Collect data for the CO-OP Technical Report
   d. Make sure employer has completed mid-term and final evaluations of performance
   e. I will not leave or change my employment without notifying the CO-OP Office

After returning to campus:
   a. Schedule a Returning Student Interview within the first month back
   b. Submit Student Report of Progress Toward Learning Objectives and Summary Evaluation of CO-OP Experience on DiggerNet
   c. Complete and finalize CO-OP technical report with departmental advisor
   d. Submit CO-OP Report to both the CO-OP Office and the departmental advisor

Signature __________________________ Date __________________________

Print Name: __________________________ Date __________________________
CSM CAREER CENTER COOPERATIVE EDUCATION DEGREE COMPLETION PLAN  
(Tentative Course/Work Load from Return Until Graduation)

Name ______________________________ CWID ___________________________ Major ___________________________

Anticipated Graduation Date ___________________________

Instructions: List courses planned and the semesters offered, as well as Co-Op period(s) planned between now and your graduation. (This information regarding Fall/Spring scheduling can be found in the Undergraduate Bulletin, available online at http://www.mines.edu/publications. In this document, the semester(s) a course is offered follows the Course Title and is indicated by Fall = I, Spring = II, Summer = S.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall Semester Classes</th>
<th>Spring Semester Classes</th>
<th>Summer Term Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acad Year</td>
<td>Course Number</td>
<td>Course Title</td>
<td>Hrs</td>
</tr>
<tr>
<td>Year</td>
<td>Fall Semester Classes</td>
<td>Spring Semester Classes</td>
<td>Summer Term Classes</td>
</tr>
<tr>
<td>Acad Year</td>
<td>Course Number</td>
<td>Course Title</td>
<td>Hrs</td>
</tr>
<tr>
<td>Year</td>
<td>Fall Semester Classes</td>
<td>Spring Semester Classes</td>
<td>Summer Term Classes</td>
</tr>
<tr>
<td>Acad Year</td>
<td>Course Number</td>
<td>Course Title</td>
<td>Hrs</td>
</tr>
</tbody>
</table>

Please consult your Faculty Advisor and Departmental Co-Op Advisor when preparing this plan for course completion toward your degree on return from the Co-Op work experience. Please note that although current bulletins may indicate which semesters typically offer specific courses, difficulties in maintaining your anticipated graduation date may occur if courses are moved to a different semester, or if you are unable to schedule into an expected course. In the semester of your return, your schedule will include the 3-hour Department 340 course, so do not plan above 16 hours unless prepared to pay additional fees for more than 19 hours. This Department 340 course functions as a free elective, unless otherwise determined by the Department Head of your major. Any substitution for a Departmental Elective or a specific Departmental Course must be initiated through a Course Substitution Form submitted to the Registrar.

I have consulted my department to prepare this course completion plan and fully understand that participation in a Co-Op experience may alter my anticipated graduation date.

Student Signature ___________________________________________ Date: ___________________________

Department Head ___________________________________________ Date: ___________________________

5
PRIOR APPROVAL TO APPLY CO-OP CREDIT TOWARD GRADUATION REQUIREMENTS

Student Name_______________________________________________  Campus Wide ID # __________________________

Major ___________________________  Departmental CO-OP Advisor Name __________________________________

I request approval to apply credit for a Cooperative Education work experience toward course and semester hour requirements for graduation. Specifically, I request approval to substitute this experience as:

_____   340  for   __     3     ________  credit.  
(340, CHEN, MTGN, etc.)  (Please insert: Free Elective / Departmental Elective / or Specific Course Name)  

I understand that final approval of this request will be contingent upon:

1. Submission of an evaluation form completed by my supervisor at the end of my work term.
2. The quality of my CO-OP technical report as evaluated by the CO-OP faculty advisor grading it.
3. Submission of a Course Substitution Form to the Registrar, if credit other than Free Elective is earned.

I have discussed the academic aspects of the CO-OP work experience with my faculty CO-OP advisor and understand the specific requirements of the department in regard to applying credit for CO-OP toward graduation requirements.

____________________________________   _____________________
Signature of Student                                               Date

___________________________________________________   _____
Departmental CO-OP Advisor                                                                   Date
VERIFICATION OF HEALTH INSURANCE WHILE ON CO-OP

TO: Kathleen Ebeling, Colorado School of Mines Student Health Benefits Coordinator  
303-273-3388 kebeling@mines.edu

FROM: ____________________________________________ CWID# ___________________

SUBJECT: Health Insurance Requirement Met For Co-Operative Education Assignment Duration

Health insurance is required as a condition of participation in the Colorado School of Mines Co-Operative Education program. This health insurance is not typically provided by the employer but is the responsibility of the student. This coverage must be in place for the entire duration that the student is involved in an off-campus co-operative education assignment. For information about the specific requirements of a health insurance policy (whether purchased through the Colorado School of Mines SHBP or a private health insurance provider), see http://shbp.mines.edu/SHBP-generalInfo. If covered by the Mines SHBP, fees will be assessed and must be paid by due dates noted at the beginning of each semester that coverage is in place. Those who have waived the Mines SHBP coverage must provide information detailing the health plan that student is covered by.

I will be on an approved Cooperative Education Work Experience from: _________________ to _________________.

During this time I will be covered by the following health insurance:

_____ Colorado School of Mines Student Health Benefit Plan  ______ Private Health Insurance Policy

Name of Health Insurance Plan _____________________________________________________________

Group Policy ___________________________  Individual ID _____________________________

Insurance Address _______________________________________________________________________

Plan Telephone Number for Further Information _____________________________________________

Student Signature ____________________________ Date ____________________________
REQUEST FOR SCHOLARSHIP/FINANCIAL AID DEFERMENT WHILE ON CO-OP

TO: CSM Scholarship Committee/Financial Aid

FROM: ___________________________________________ CWID# ___________________


____ I have no Financial Aid Arrangements to defer during the Co-Op term. ____ I currently hold the following:

____________________________________________________________________________________________

I will be on an approved Cooperative Education Work Experience from: _________________ to _______________.

During this time I will be unable to enroll in an adequate number of courses to meet the requirements for maintaining this scholarship/financial aid. In view of the above, I respectfully request that the Scholarship(s) be deferred this semester and be reactivated upon my return to campus.

Student Loan Section – The part-time status that is set by the Registrar for students away on Co-Op should be sufficient to prevent initiation of repayment options on these student loans. If you have student loans (either in conjunction with scholarships or instead of scholarships) and want assurance that this is true, please indicate here ______ Yes

Signature ___________________________ Date ___________________

Name (Print or type) ________________________________

Current Address __________________________________________________________________________

Colorado School of Mines Financial Aid Department Signature (please verify that the student has consulted with the Financial Aid Office to place any financial aid on hold until the semester of return from the co-op experience):

Signature ___________________________ Date ___________________

Name ________________________________

Title ________________________________