Cooperative Education Program

The Colorado School of Mines Cooperative Education Program (CSM Co-Op 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 CSM Co-Op Education Program 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 Student and 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 is 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 Departmental Co-Op Advisor at semester end.

Prior to committing to a co-op, 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 Employer – these learning objectives must be submitted before student’s departure. If Employer changes Student’s assigned tasks, learning objectives are to be re-written and re-submitted to the Career Center.
- Receive signatures of prior approval from Departmental Co-Op Advisor, Employer, and Career Center Co-Op Coordinator.
- Clarify/complete any health insurance or financial aid arrangements, submitting required forms to their respective offices.

While at the co-op jobsite, Student must:

- Check in with Career Center Co-Op Coordinator at the mid-point of the co-op, ensuring that Employer submits 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-Op 340 which will be added as a departmental 340 course; tuition/fees will be assessed accordingly).
- Plan for the final project (technical report) with notations, photos, etc.

On return to Colorado School of Mines, Student must:

- Provide the Career Center with Employer’s Final Evaluation form and complete an “Exit Interview” with the Career Center Co-Op Coordinator.
- Submit the final project (technical report) 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>*Mines Career Center Cooperative Education Degree Completion Plan</td>
<td>Student, Departmental Co-Op Advisor</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>*Prior Approval to Apply Co-Op Credit Toward Graduation Requirements</td>
<td>Student, Departmental Co-Op Advisor</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Verification of Health Insurance while on Co-Op</td>
<td>Student</td>
<td>Prior to beginning of co-op assignment, submitted to Student Health Insurance Plan Manager</td>
</tr>
<tr>
<td>Request for Scholarship/Financial Aid Deferment while on Co-Op</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 (Approval on DiggerNet)</td>
<td>Employer</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Information Sheet and Learning Objectives</td>
<td>Student, reviewed and approved by Employer</td>
<td>Prior to beginning of co-op assignment</td>
</tr>
<tr>
<td>Employer Midterm Evaluation</td>
<td>Employer</td>
<td>Mid-point of co-op assignment</td>
</tr>
<tr>
<td>Employer Final Evaluation</td>
<td>Employer</td>
<td>Within 10 days of co-op end</td>
</tr>
<tr>
<td>Student Self Evaluation</td>
<td>Student</td>
<td>Within two weeks of return from co-op</td>
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<tr>
<td>Student Program Evaluation</td>
<td>Student</td>
<td>Within one month of return from co-op</td>
</tr>
<tr>
<td>Exit 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 Departmental Co-Op Advisor</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. *This is for your reference - you do not need to submit this form.*

**CAREER CENTER CO-OP COORDINATOR**

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

Rose Foody, Career Center Co-Op Coordinator  
Phone: 303-384-2543  
Email: refoody@mines.edu  
Fax: 303-273-3956

**DEPARTMENTAL CO-OP ADVISOR** (complete once identified)

Name: _______________________________________________________

Department: ___________________________________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________

**EMPLOYER SUPERVISOR** (complete once identified)

Name: _______________________________________________________

Department: ___________________________________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________

**STUDENT HEALTH INSURANCE:**

Andrea Tangney, Student Health Insurance Plan Manager  
Phone: 303-273-3388  
Email: ship@mines.edu

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

**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 Colorado School of Mines Cooperative Education Program.

Before leaving campus:
  a. Submit this Cooperative Education Student Agreement
  b. Submit Mines Career Center Cooperative Education Degree Completion Plan with Departmental Co-Op Advisor
  c. Submit Prior Approval to Apply Co-op Credit Toward Graduation Requirements form with Departmental Co-Op Advisor
  d. Employer approves the co-op on DiggerNet and agrees to the Employer Responsibilities & Cooperative Education Contract
  e. Complete the Information Sheet and Learning Objectives on DiggerNet
  f. Submit the Verification of Health Insurance while on Co-op form
  a. Submit Request for Scholarship/Financial Aid Deferment while on Co-op form

During co-op work experience:
  a. Check in with the Career Center after about 6 weeks on the job.
     CO-OP Coordinator: Rose Foody
     Email: refoody@mines.edu
     Call toll free: 1-800-446-9488 x 2543
     Regular number: 303-384-2543
  b. Prepare for preregistration
  c. Collect data for the Final Project (Technical Report)
  d. Make sure Employer has completed Employer Midterm Evaluation and Employer Final Evaluation of performance
  e. I will not leave or change my employment without notifying the Career Center

After returning to campus:
  a. Schedule an Exit Interview with the Career Center Co-Op Coordinator within the first month back
  b. Submit Student Self Evaluation and Program Evaluation on DiggerNet
  c. Complete and finalize Final Project (Technical Report) with Departmental Co-Op Advisor
  d. Submit Final Project (Technical Report) to both the Career Center and the Departmental Co-Op Advisor

Student Signature ____________________________ Date ____________________________
Print Name: ______________________________ Date ____________________________
MINES CAREER CENTER COOPERATIVE EDUCATION DEGREE COMPLETION PLAN
(Tentative Course/Workload 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 https://www.mines.edu/registrar/bulletins/. In this document, the semester(s) a course is offered follows the Course Title and is indicated by Fall = I, Spring = II, Summer = S.)

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 Signature ____________________________________________  Date: ____________________________
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 Hours | (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 the Employer Final Evaluation form completed by my supervisor at the end of my work term.
2. The quality of my final project (technical report) as evaluated by the Departmental Co-Op 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 Cooperative Education work experience with my Departmental Co-Op Advisor and understand the specific requirements of the department in regard to applying credit for Co-Op toward graduation requirements.

Student Signature ___________________________________________ Date __________________

Departmental Co-Op Advisor Signature ________________________________ Date __________________
VERIFICATION OF HEALTH INSURANCE WHILE ON CO-OP

TO: Andrea Tangney, Student Health Insurance Plan Manager
    Phone: 303-273-3388
    Email: ship@mines.edu

FROM: ____________________________________________________  CWID# ___________________

SUBJECT: Health Insurance Requirement Met For Cooperative Education Assignment Duration

Health insurance is required as a condition of participation in the Colorado School of Mines Cooperative 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 cooperative 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 work experience):

Signature ___________________________________________ Date ____________________________

Name ______________________________________________

Title ______________________________________________