

Application for Co-Op 14:125:496/497 (6 cr.)

DEPARTMENT OF BIOMEDICAL ENGINEERING

*This form **MUST** be completed **BEFORE** registering for Co-op. It must be approved by the Undergraduate Director. Then given to Undergraduate Administrator, who will assign a special permission number. *

I. PERSONAL INFORMATION

Student's Name (Print) _____, # _____
(Last) (First) (RUID)

Phone: _____

Class of: _____

Email: _____

Course: 125:496 _____ or 125:497 _____

First day of Work: _____

Last day of Work: _____

II. EMPLOYER INFORMATION

Employing Institution: _____

Supervisor/Contact Name(s):

1. _____ 2. _____

Phone/Fax: _____ Phone/Fax: _____

Email: _____ Email: _____

Job Description:

III. Regulations:

- Co-op credits counts as a **Technical Electives ONLY. No Exceptions!**
- Graded on a **Pass/No Credit** scale.
- Final report (1-2 pages) **MUST** be submitted to ***UG Director*** at end of Co-op summarizing work.
- Supervisor(s) **MUST** submit evaluation to ***UG Director*** at the end of the Co-op.
- Up to 6 additional credits** may be taken while on Co-op. Only **ONE** course during the day.
- work ***continuously*** for 6 months (**Semester + Summer [not negotiable]**).
- *Full-time*** job assignment required.
- Register during open registration period.
- Non-compliant with all above – NOT ELIGIBLE FOR CO-OP...see Internship in BME.
- Limited to ONE** Co-Op 6 cr.

IV. Signatures:

I have read the above regulations *and* understand the rules for my co-op assignment

Student's Signature: _____ Date: _____

UG Director Signature: _____ Date: _____

Index Number: _____ Special Permission Number: _____