



HINDS COMMUNITY COLLEGE

PO Box 1100
RAYMOND, MISSISSIPPI 39154-1100
(601) 857-3486 ~ FAX: (601) 857-3420

OFFICE OF COOPERATIVE EDUCATION
CISWEST@HINDSCC.EDU

TO: Students enrolled in Cooperative Education (COE course)
FROM: Cindy Smith West, Coordinator

QUALIFICATIONS FOR COOPERATIVE EDUCATION (COE):

YOU MUST:

1. Be an academic major (career/technical majors take Work-Based Learning (WBL);
2. Have completed a minimum of one semester with a GPA of 2.0 or better;
3. Be employed in a field that is the same as your declared major (no “general program of studies majors”);
4. Work a minimum of 15 hours a week each week of the semester in which you are enrolled (15-19 hrs. /wk. = 1sem. hr.; 20-29 hrs./wk. =2 sem. hrs.;30= hrs./wk. = 3 sem. hrs.);
5. Complete the entire application packet, which includes:
 - a. Application Form
 - b. Employer Information Sheet
 - c. Cooperative Education Training Agreement (signed by student and employer)
 - d. Cooperative Education Questionnaire
6. **Activate your Go.Hinds account as this is the primary means of communication with the program.**

NOTE: All forms may be downloaded from the HCC website at: <http://www.hindscc.edu/coop>

ALL FORMS MUST BE COMPLETED (*do not leave any section blank*) AND TURNED IN TO THE COOPERATIVE EDUCATION COORDINATOR ON THE RAYMOND CAMPUS **NO LATER THAN** THE SECOND WEEK OF CLASS.

If any employment changes occur during the semester, for example; change of workplace, change of supervisor, hours worked etc., *you must notify this office immediately.*

Failure to adhere to these regulations may result in your failing the class.

GRADES: At mid-term, you should check your grade for this course. If you have any questions about your grade you earned it may very well be the result of missing paperwork. You should contact this office immediately to resolve the issue. Your supervisor will be mailed an employer evaluation form twice during the semester (mid-term and final). The grade on these forms will be the major factor in determining your course grade. If your supervisor does not return your evaluation, you will fail the course. Therefore, at the proper time, you should check with your supervisor concerning the evaluation form.

All questions and/or correspondence should be addressed to;

Ms. Cindy West, Cooperative Education Coordinator
Phone: 601-857-3486
Fax: 601-857-3420
E-Mail: ciswest@hindscc.edu



Cooperative Education
Hinds Community College

APPLICATION

Please Print

| | | | |
|---|---------------------------|----------------------|---------------------------------------|
| Last Name: | First Name: | M.I. | Soc. Sec. No. |
| Address: | City: | State: | Zip: Phone: |
| Student ID #: | Commuter? <i>Y N</i> | Dorm: | Date of Birth: |
| <i>*The following information is for statistical purposes only. It has no eligibility relevance.</i> | | | |
| U.S. Citizen? <i>Y N</i> Handicapped? <i>Y N</i> If Yes, specify: | | | |
| <i>*Circle one:</i> | | | |
| Veteran? <i>Y N</i> Sex: <i>F M</i> Race: <i>NA (Native American) AA (African Amer.) H (Hispanic) C (Caucasian) O (Other)</i> | | | |
| High School attended: | Diploma? <i>Y N</i> | Date: | GED? <i>Y N</i> Date: |
| HCC Campus: | Major: | GPA: | Your Current Semester: <i>1 2 3 4</i> |
| Do You Have: A regular driver's license? <i>Y N</i> A Commercial driver's license? <i>Y N</i> Reliable transportation? <i>Y N</i> | | | |
| <i>* These 3 lines are for students who are SEEKING employment:</i> | | | |
| Date available to work: | Hours available for work: | M: T: W: T: F: S: S: | |
| Skills and Abilities: | | | |
| Type of work desired: | | Location Preferred: | |

Employment History

[List most recent first.]

| Employer | Location | Dates | Duties | Reason for Leaving |
|----------|----------|-------|--------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PLEASE NOTE:

- In addition to this form, a completed Cooperative Education Program application includes the following:
- (1) The "Cooperative Education Training Agreement", completed and signed by the student and employer.
 - (2) The completed "Employer Information Sheet"
 - (3) The completed "Cooperative Education Questionnaire".
 - (4) Each individual enrollment in Cooperative Education (COE) must be approved by the Office of Cooperative Education, Raymond Campus. Therefore, **EARLY APPLICATION** is encouraged.

Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. George Barnes, Vice President for Administrative and Student Services, 34175 Hwy. 18, Utica, MS 39175; 601.885.7001.

This is to confirm that I am granting permission for the administration and staff of the Office of Cooperative Education to receive copies of my Hinds Community College transcript. Further, I am permitting that they may be forwarded to employing organizations.

Signature _____ Date _____

**HINDS COMMUNITY COLLEGE
COOPERATIVE EDUCATION TRAINING AGREEMENT**

~ FOR THE STUDENT ~

In accepting a co-op position, I am fully aware and willing to honor my obligations as expressed by the following agreement:

1. I agree to complete 15-19 20-29 30 or more hours per week, for the entire semester, starting as of _____ (date).
2. I agree to turn in all completed application paperwork as prescribed by the Cooperative Education Office NO LATER THAN the second week of the semester in which I am enrolled in Co-op.
3. I agree to abide by all the rules and regulations of _____ (employer).
4. I understand this program does not constitute permanent employment and do not expect such.
5. I agree to an evaluation of my work by my employer at the end of the co-op assignment. (Form is sent to employer by this office.)
6. I agree to assist, if requested by the Cooperative Education Coordinator, in the collection of my employer's evaluation form.
7. On any matter pertaining to changes in job assignment, hours, salary, etc., I will first contact my Co-op coordinator for direction and will follow the instruction of the Office of Cooperative Education.
8. I am to keep my coordinator informed of any serious physical, emotional or social problems that might interfere with proper performance on a co-op assignment.
9. Grading will be based on evaluations by the employer and the completeness of the application packet, as judged by the Cooperative Education Coordinator.
10. I will register for the appropriate co-op course (COE) during registration after my employment has been confirmed by the Cooperative Education office.
11. I will not terminate my work experience prior to contacting the office of Cooperative Education.

~ FOR THE EMPLOYER ~

In accepting co-op students, I am fully aware and willing to honor my obligations as expressed in the following agreement.

1. I agree to accept the co-op employment of _____ (student).
2. I understand that this program does not constitute permanent employment or the promise of such and the student does not expect such, and that I, the employer, retain all rights of dismissal.
3. I have informed the student of the regulations of _____ (place of employment).
4. I agree to evaluate the student's performance at the end of the co-op assignment using the form that will be sent to me.
5. I agree to give the student a supervised quality work experience commensurate with that offered to entry level employees.
6. The co-op student will be employed as a _____ (job title).
7. The co-op student's salary will be _____.
8. Job Description _____

SIGNATURES

| | | | |
|--------------|-------|------|-------|
| Student | _____ | Date | _____ |
| Employer | _____ | Date | _____ |
| HCC Official | _____ | Date | _____ |

**Hinds Community College
Cooperative Education Program**

EMPLOYER INFORMATION SHEET

Student's Name: _____

Company: _____

Address: _____

City: _____ State _____ Zip _____

Immediate Supervisor*: _____

Telephone: _____

Fax: _____

E-mail: _____

*Responsible for completing evaluation form approximately 1 month before the end of the semester.

INSTRUCTIONS:

The student and employer should fill out and sign the Cooperative Education Training Agreement. Make copies as needed for each party. Send the original and the employer information (above) to the Cooperative Education office on the Raymond Campus.

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**HINDS COMMUNITY COLLEGE
COOPERATIVE EDUCATION
QUESTIONNAIRE**

Name: _____

Date: _____

Student ID: _____

Please answer the following questions after you have read the Qualifications for Cooperative Education:

1. To qualify for Cooperative Education, a student must: (a) be an academic major; (b) be a career/technical major; (c) be a general studies major; (d) have no declared major.
2. Cooperative Education students must have a GPA of at least: (a) 1.0; (b) 2.0; (c) 3.0; (d) 4.0.
3. In what field must a Cooperative Education be employed to qualify? _____

4. In order to receive 1 semester credit in COE, you must work _____ hours a week.
5. In order to receive 2 semester credits in COE, you must work _____ hours a week.
6. In order to receive 3 semester credits in COE, you must work _____ hours a week.
7. All Cooperative Education paperwork must be completed and signed and turned in no later than _____ of the semester in which you are enrolled.
8. When are student evaluation forms mailed to their work supervisor? _____

9. What are the consequences if a student does not adhere to the Cooperative Education regulations?

I have read the qualifications of Cooperative Education, and I understand and accept the responsibilities that accompany enrollment in Cooperative Education. I understand that if selected for participation, I am responsible for registering and paying for the appropriate Cooperative Education (COE) course for each semester of my participation.

Student's signature

Date

*** This questionnaire must be turned in as part of the application process for the Cooperative Education Program.**