Experiential Explorations – Research Experience

Recommendation:

Allow students to substitute one semester of cooperative education work experience with an unpaid research experience and receive co-op credit for this experience.

Conditions:

- Research experience must be a minimum of 450 hours/semester, and must be verified by a supervisor
- Work is preferably for a professor or research institute/program
- Experience is discipline-related
- Experience is structured and formalized
- Student has a mentor/supervisor who can assess their experience
- Experience will be unpaid
- Position must obtained by the student and must be approved by the faculty in the Division of Professional Practice
- Experience must be evaluated by the faculty in the Division of Professional Practice
- Only one semester of Experiential Explorations will be faculty approved as a substitution for cooperative education.
- Students are strongly recommended to substitute their first or last co-op experience with the community service or volunteer experience, if this is not possible, at least two co-op semesters should be available following the experience.

Process:

Student:
- Notifies PP faculty member of their planned research experience
- Completes EEP
- Registers in PAL as a “research experience” – similar to registering for a work semester – which includes listing a supervisor
- Completes the research experience
- Completes the required PP assessments.
- Meets with faculty advisor in the first two weeks of the returning semester for job change/return confirmation and to discuss the research experience

Division Faculty/Staff:
- Approves the student to complete the research experience as substitution for one co-op experience
- Indicates on Change of Assignment Record form the research experience
- “Placement” is recorded in Place Pro
- Meets with student upon return to review research experience and to confirm and plan for next work experience
REQUEST TO SUBSTITUTE UNPAID RESEARCH EXPERIENCE FOR CO-OP CREDIT

Name ________________________________ Class Year ____________ Major __________________________

Current Address __________________________________________________________

Telephone/Cell Number _______________________ Email Address ____________________________

Number of Co-op Semesters Completed ____________________________________________

Number of Co-op Semesters Remaining _____________________________________________

Semester/Year that EEP Will Be Completed __________________________________________

Co-op Employer Where Currently Assigned _________________________________________

Has Co-op Employer Been Notified That Student Will Not Return? ______________________

University/Department Where You Will Work ________________________________________

Faculty/Contact Person’s Name & Phone _____________________________________________

Address, City, State, Country ______________________________________________________

Description of Research Responsibilities

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_________________________________________________________________________________

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College Associate Dean of Graduate Research Signature ______________________________

Completed Itinerary/Time Sheet or Log Must Be Submitted at the End of Work Term

if Required by Professional Practice Adviser

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Professional Practice Faculty Adviser Signature ___________________________ Date ______

Approved_________________________________ Not Approved _________________________

Comments _______________________________________________________________________

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