

University of Massachusetts Lowell

How to Request a Co-op as a Student in a Non-Co-op Major Process & Forms

PURPOSE

This document outlines the formal process by which undergraduate students enrolled in academic programs that do not include a cooperative education (co-op) option may request approval to participate in a 6-month full-time co-op experience. This process ensures that students maintain satisfactory academic progress while gaining experiential learning aligned with their academic and career goals.

ELIGIBILITY GUIDELINES

Students must meet the following minimum criteria to be considered:

- Good academic standing (minimum GPA as defined by the department; typically, 2.0 or higher)
 - Completion of at least one semester of enrollment and sophomore standing at the time of the co-op
 - Approval from academic advisor and department
 - Demonstrated ability to complete degree requirements following the co-op term
 - Additional criteria may be set by individual departments
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SECTION 1: PROCESS WORKFLOW

Step 1:

The student meets with the Associate Director of Co-op to:

- Review co-op program requirements, course sequencing and elective credit
- Review whether they should consider the PDS equivalency exam based on credits
- Instruct the student to get detailed advising and approval from faculty advisor, department chair or other designated faculty member in their department regarding feasibility of co-op in their degree

Step 2: Initial Advising Consultation

The student meets with their Academic Advisor to:

- Review degree requirements and course sequencing
- Evaluate feasibility of a 6-month co-op
- Discuss potential impact on time to degree and financial aid
- The student completes the **Academic Planning Form (located in Section 3 of this document)** in consultation with their advisor
- The plan must demonstrate a clear path to degree completion

Step 3: Securing a Co-op Position

- The student must obtain a full-time (minimum 30 - 40 hours/week), 4-6-month co-op during a fall or spring semester position that may extend to a portion of the summer session
- An official offer letter is required

Step 4: Submission of Co-op Request

The student submits the following materials to the Career and Co-op Office:

- **Co-op Request Form (located in Section 2 of this document)** including Department Review and Approval (either the Program Coordinator, Department Chair, or designated reviewer evaluates academic feasibility, alignment with program learning outcomes, student readiness and standing)
- **Academic Planning Form (located in Section 3 of this document)**
- Employer Offer Letter

Step 5: University Processing

Upon approval:

- The student will be instructed to report their co-op hire through the UMass Lowell Handshake system. Instructions will be provided by the co-op office
- The student will be registered in the appropriate co-op experience course (COOP.3CE or COOP.4CE Co-op Experience- 0 credit S/U) by the co-op office
- The student's enrollment status will be updated to reflect co-op participation and equivalent full-time student status
- Relevant administrative offices (e.g., Registrar, Financial Aid, Housing) will be notified as needed

Step 6: During the Co-op

Students are expected to:

- Attend a Co-op "Send Off" meeting before they start their co-op experience to review expectations, administrative responsibilities, assignments and discuss transitioning to a co-op experience
- Maintain communication with their designated co-op advisor
- Complete required reporting and all COOP3CE/4CE Co-op Experience assignments to receive a grade of Satisfactory
- Adhere to university conduct policies

Step 7: Return to Coursework

- Students are required to take the Co-op Assessment Course (2-3 credits S/U) the semester after their co-op. A failing grade will be entered if the student does not complete this course
- Students resume coursework in accordance with their approved academic plan. Any deviations must be reviewed with an advisor

*Continue for **Section 2 Co-op Request Form & Section 3 Academic Planning Form**

SECTION 2: CO-OP REQUEST FORM

Student Information

Name:

Student ID:

UML Email Address:

Major:

Academic Advisor:

Department:

Academic Information

Current GPA:

Credits Completed:

Current Academic Standing:

Expected Graduation Term (prior to co-op):

Expected Graduation Term (after co-op):

Co-op Employment Information

Company Name:

Supervisor Name/email (or HR contact name/email):

Position Title:

Work Location (City, State/Country):

Start Date:

End Date (approximately 6 months):

Cycle: (check one)

☐

Jan – June 6-month

☐

July – Dec 6-month

☐

Fall Only

☐

Acct Spring/Other

Hours per Week:

Statement of Intent:

Please provide a brief statement describing how this co-op experience supports your academic program and career goals.

Student Acknowledgement

By signing below, I acknowledge that:

- I will not enroll in courses that may impact my ability to work during my employer's work hours
- Participation in a co-op may extend my time to degree completion
- I am responsible for understanding the impact on financial aid, billing, and housing
- I will comply with all University of Massachusetts Lowell policies and expectations

Student Signature: _____ Date: _____

SECTION 3: ACADEMIC PLANNING FORM

Instructions

This form must be completed in consultation with an **Academic Advisor or Department Chair**. Students must demonstrate how degree requirements will be met, accounting for the semester in which they will be on co-op and not enrolled in coursework during the co-op work experience.

Student Information

Name:

Student ID:

Major:

Catalog Year:

Academic Advisor:

Course Enrollment Plan Prior to Co-op

Semester/Year	Courses	Credits	Notes

Co-op Term

Year

☐

Fall

☐

Spring (check one)

Registered as Co-op / No Coursework

Course Enrollment Plan Following Co-op

Term	Courses	Credits	Notes
Return Term			
Following Term			
Final Term			

Include any other specific additional details impacting your academic plan if needed (ie summer session, evening online, asynchronous courses etc)

Additional Comments (optional):

Student Considerations (check each)

Please review and check all that apply:

- ☐ Graduation timeline is extended
- ☐ Course sequencing constraints (e.g., prerequisites offered once per year)
- ☐ Financial aid eligibility may be impacted
- ☐ Housing status may be impacted
- ☐ International student considerations (visa/work authorization – consult with ISSO)

Student Certification

I certify that I have reviewed this academic plan with my advisor and understand the implications of participating in a co-op.

Student Signature: _____ Date: _____

Academic Department Approval

- ☐ Approved
- ☐ Not Approved

Conditions (if applicable):

Academic Advisor/Department Chair Reviewer Name/Title: _____

Signature: _____ Date: _____

Co-op Department Approval

- ☐ Approved
- ☐ Not Approved

Conditions (if applicable):

Asst/Assoc Director Reviewer Name/Title: _____

Signature: _____ Date: _____

This process is intended for exception-based participation.

Administrative:

Assigned Co-op Advisor

Advisor Name: _____ Advisor Signature: _____ Date: _____

Additional Comments (optional):