

Appendix C

**Bay College**  
**Student Co-op/Internship Training Plan**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program Area: \_\_\_\_\_

Work Site

Location: \_\_\_\_\_

NAME

ADDRESS

Work Site Co-op/Intern Supervisor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Co-op/Internship Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

To ensure that the Co-op/Internship is directly related to the student's field of study and warrants college credit, the following learning objectives and activities have been established:

(NOTE: This list\* may include actual work activities, reports, products, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*Attach additional sheets if necessary.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Contact

\_\_\_\_\_  
Date

Original: Academic Dean  
Copies: Faculty Contact  
Student  
Work Site Supervisor