

WORK INTEGRATED LEARNING CO-OP CONCURRENT STUDY 2015 REQUEST FORM

To be completed by College of Business students enrolled, or intending to enrol in BBB 3001 Co-operative Education 1 (Co-op 1) or BBB 3002 (Co-op 2) requesting authorisation to enrol in campus-based units of study whilst “concurrently” undertaking authorised full-time Co-op employment. Please complete this form for EACH Semester during which Co-op Concurrent Study is being requested. Kindly complete sections A and B prior to forwarding this form to your Work Integrated Learning Co-ordinator.

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|---|-------------------|--|--|--|--|--|--|--|--|
| Please complete in BLOCK LETTERS | STUDENT ID NUMBER | | | | | | | | |
|---|-------------------|--|--|--|--|--|--|--|--|

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|--|-------------|--|--|
| A) YOUR NAME AND COURSE DETAILS | | | |
| FAMILY NAME | CAMPUS | | |
| FIRST NAME | COURSE CODE | | |
| COURSE NAME | | | |

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|--|-----------|--|-----------|--|
| PROPOSED UNIT OF STUDY DETAILS FOR SEMESTER _____, 2014 | | | | |
| 1. | UNIT CODE | <i>CIRCLE UNIT CODE TO BE UNDERTAKEN THIS SEMESTER</i> BBB 3001 OR BBB 3002 | UNIT NAME | <i>CIRCLE UNIT NAME TO BE UNDERTAKEN THIS SEMESTER</i> Co-operative Education 1 OR Co-operative Education 2 |
| 2. | UNIT CODE | <i>ADDITIONAL CAMPUS BASED UNIT/S REQUESTED:</i> | UNIT NAME | <i>ADDITIONAL CAMPUS BASED UNIT/S REQUESTED:</i> |
| 3. | UNIT CODE | | UNIT NAME | |

I understand that endorsement of this application by my Co-op Workplace Supervisor is required (Section B). I acknowledge that approval to undertake “Co-op Concurrent Study” will be at the discretion of my Academic Course Co-ordinator and the Work Integrated Learning Manager.

Student’s Signature: **Date:**

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|---|--|----------------------------|--|
| B) EMPLOYER/WORKPLACE SUPERVISOR ENDORSEMENT | | | |
| COMPANY NAME | | WORKPLACE SUPERVISOR NAME | |
| SUPERVISOR CONTACT NUMBER | | WORKPLACE SUPERVISOR TITLE | |
| Supervisor to complete the following statement and sign below: | | | |

(Name of student) has our support to study on a part-time basis while engaged in full-time Co-operative Education employment during semester (1 or 2) _____, 2014.

Workplace Supervisor’s Signature: **Date:**

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|---|--|----------------|--|
| C) ACADEMIC COURSE/ SPECIALISATION CO-ORDINATOR APPROVAL | | | |
| COURSE CO-ORDINATOR | | CONTACT NUMBER | |
| Course Co-ordinator to sign and date below | | | |

Specialisation Co-ordinator’s Signature: **Date:**

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|--|--|----------------|--|
| D) WORK INTEGRATED LEARNING APPROVAL | | | |
| WIL CO-ORDINATOR | | CONTACT NUMBER | |
| Work Integrated Learning Co-ordinator and Manager to sign and date below. | | | |

WIL Co-ordinator’s Signature: **Date:**

WIL Manager’s Signature: **Date:**

Completed form (Sections A & B) to be delivered to your Work Integrated Learning Co-ordinator in Room G302 at Footscray Park Campus or fax to 03 9919 5057. Your WIL Co-ordinator will seek Course Co-ordinator approval, and contact you to advise the outcome of your request for “Co-op Concurrent Study”. Thank You.