Curricular Practical Training: Co-Operative Experience

Curricular Practical Training: Co-Operative Experience is defined as a full-time curricular practical training experience for undergraduate students during a maximum of two terms (one summer and either a fall or spring term) prior to completion of one or two remaining academic terms leading to graduation. No more than two term registrations of 398 will be allowed for undergraduate students.

The expectation is that students would work in a field related to their university studies, and that they would be paid for their work by their employer; therefore, the Co-Operative Experience is not eligible for veterans’ benefits or for Financial Aid. However, enrollment in a Co-Operative Experience allows students to retain their full-time status as students so loans would not become due, and for domestic students, it allows to retain health insurance coverage. International students registered for XXXX 398 must pay their health insurance while participating in the Co-Op Experience.

The Career Development Center will list all Co-Op placement opportunities that are brought to their attention in their internship database. Students and departments are encouraged to identify Co-Op placement opportunities with local, regional, or national employers themselves as well. To find out more about curricular practical training or to report an opening, please contact the Career Development Center at cdc@mnsu.edu.

1. Eligibility for a Co-Operative Experience:

Applicants

- must have completed a minimum of 60 credits at the undergraduate level (copy of unofficial transcript must be attached to the application)
- must be in good academic standing according to the student’s academic program and college or university requirements
- must fill out a Co-Operative Experience Learning Contract with the instructor/department prior to beginning the approval process for registration (copies available online). The Learning Contract must have instructor/department permission with the necessary information concerning the Co-Op 398 experience with a department-approved agency.
- students must agree to return to Minnesota State University, Mankato for a minimum of one full-time semester of academic study immediately following the term of their Co-Operative Experience; international students a minimum of two full-time semesters of academic study following their Co-Operative Experience.

International students must also meet with the Director of International Student and Scholar Services to file the paperwork for the required work permit (contact ISSS for information concerning the timetable for getting approval for the work permit). Participation in a Co-Op may affect student’s eligibility for OPT.

2. Approval process for Registration for the Co-Operative Experience.

Applicants

- must provide a copy of the department-generated Learning Contract to the Registrar
must fill out a 398 Curricular Practical Training: Co-Operative Experience registration form to submit to the Registrar. Students will need to secure the appropriate approval signatures from the (1) department-approved agency or company, (2) the faculty member serving as instructor of record, (3) the department chair, (4) the director of the ISSS, if student is an international student, and (5) the Registrar’s Office.

The registration will be for a maximum of one summer term and one contiguous term (either spring or fall).

The approval process MUST BE COMPLETED 5 days PRIOR to the term in which the student will begin the full-time experience.

3. Financial considerations:

*international students participating in a Co-Operative Experience must also pay the health insurance premium for the terms they are registered for this experience.

+students on a Co-Operative Experience will not qualify for Financial Aid during terms in which they are registered for the Co-Op.

4. XXX 398 Co-Op Transcript Notation: 398 CPT: Co-Operative Experience indicates the student is a full-time student involved in a full-time Curricular Practical Training: Co-Operative Experience. Registration requires no fees or tuition. The registration will be completed directly through the Registrar’s Office, not through the online registration process.

5. Grades/Evaluation for a Co-Operative Experience. The course will be evaluated as Pass/ No Credit based on successful or unsuccessful completion of the Learning Contract. In addition, students will be asked to submit a Student Report and an Evaluation Form to their departments at the end of the experience. This completed evaluation needs to be received prior to the first day of classes for the following academic term.

6. Additional Coursework. Students are NOT encouraged to take additional coursework while on a CPT: Co-Operative Experience. The intention to take up to a maximum of 4 credits during the curricular practical training MUST be indicated in the original application and approved by the department. Students are responsible for completing the registration, and paying tuition and fees, for these additional credits.
Minnesota State University, Mankato

Curricular Practical Training: Co-Operative Agreement Form

The usual definition of a Curricular Practical Training: Co-Operative Experience is a student working with a university-approved agency or company for full-time practical curricular training (work experience) for a maximum of one summer and one contiguous spring or fall term. Any submission to the National Student Clearinghouse will indicate that you are a full-time student if you have an official Curricular Practical Training: Co-Operative Agreement Form with an academic department and a company or agency.

For all undergraduate applicants:

Yes  No  I have completed a minimum of 60 credits at the undergraduate level (transcript attached).

Yes  No  I am an undergraduate student in good academic standing according to my academic program as well as general college or university requirements.

Yes  No  I have completed a CPT: Co-Operative Experience Learning Contract and I have my instructor’s/department’s approval.

Yes  No  I agree to return to Minnesota State Mankato for one/ two/ more than two (please circle) academic term(s) following the CPT: Co-Operative Experience.

Yes  No  I am registering for ______ other academic credits during this term.

For International Students only:

Yes  No  My work permit application was processed by the Kearney International Center on ____________________________.

My signature below indicates that I understand the above information to be true and that I have read and understand the information below concerning my participation in a CPT: Co-Operative Experience.

1. CPT: Co-Operative Experience registration maintains full-time student status, is graded by a Learning Contract as Pass or No Credit, and is for 0 credits. There are no fees or tuition assessed for this registration.
2. Health insurance will be verified as full-time with an official CO-OP agreement for domestic students. International students must pay their health insurance.
3. A course designator and 398 CPT: Co-Operative Experience will appear on my academic transcript indicating my status as a CO-OP student.
4. No retroactive recording of Co-Op’s will occur. All Co-Op agreements must be registered prior to the term in which the CPT: Co-Operative Experience is begun. For enrollment verification, I must submit a completed registration form by the first week of EACH term I am on CPT: Co-Operative Experience
5. I may not enroll more than two terms in 398 CPT: Co-Operative Experience.
6. 398 CPT: Co-Operative Experience is not valid for veteran’s benefits.
7. 398 CPT: Co-Operative Experience is not approved for financial aid.
I understand and accept this CO-OP agreement.

_________________________________________________________  __________________________
Student Name (please print)  Tech ID

_________________________________________________________  ______________
Student Signature  Date

________________________  ______________  ______________  ______________  ______________
Start Date (approx.)  End Date (approx.)  Academic Term 1  Academic Term 2

CO-OP Agreement Company/Agency and Student Co-Op Position (please print)

_________________________________________________________  __________________________
Co-Op Company/Agency Supervisor Signature  Date

I approve of this CO-OP agreement.

_________________________________________________________  __________________________
398 Instructor Name (please print)  Department

_________________________________________________________  ______________
Instructor Signature  Date

_________________________________________________________  ______________
Department Chair Signature  Date

_________________________________________________________  __________________________
*International Student and Scholar Director, if applicable  Date

_________________________________________________________  __________________________
Registrar Signature  Date