



IS CO-OP LEARNING OBJECTIVES REPORT

COMPANY & STUDENT INFORMATION

Date _____

First Name _____ Last Name _____

CSU ID# _____

Company _____ Work Period _____

Supervisor _____ Department _____

Supervisor Email _____ Supervisor Phone _____

IS CO-OP OBJECTIVES

Please list your IS Co-Op objectives. Be as specific as possible. Have your Faculty Mentor review and sign this report. Scan and email, fax or bring this report to the IS Co-Op Coordinator. Be sure to keep a copy for your records. Results will be reviewed at the completion of your Co-Op.

Professional Experience Objectives

A. _____

B. _____

C. _____

Technical Objectives

A. _____

B. _____

C. _____

Personal Objectives

A. _____

B. _____

C. _____

Student's Signature _____ Date _____

IS Co-Op Coordinator's Signature _____ Date _____

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