



**Office of Work-Based Learning and
Cooperative Education**
Faculty Coordinator
Mid-Semester Contact Form



The co-op faculty coordinator will make an on-site visit at mid-semester or telephone the student and/or supervisor to ascertain progress.

Co-op Student: _____

Date of Visit: _____

Employer: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Title: _____

Academic Term & Year: _____

Discussion With Student: _____

Employer/ Supervisor: _____

Other Comments:

Signature of Co-op Faculty Coordinator _____ Date _____