

## BOWLING GREEN STATE UNIVERSITY

College of Technology, Architecture and Applied Engineering Undergraduate Student Services

## Co-op Credit by Examination (CBE) Application Please print clearly

				Date		
Studen	nt:		ID #:			
Email:		@bgsu.edu	Phone:			
	Initial here indicatin najor about CBE requ		nail, face to face, or phone) with a fa	culty member from		
Name	of faculty member:		Date of initial Cor	sultation:		
Email o	of faculty member: _					
Reque	sting credit for	_ TECH 2890	TECH 3890 TECH 48	90		
CRF Ou	alification:					
		must be able to answer "\	es" to <b>all</b> of the following:			
-	ualify for a CBE students must be able to answer "Yes" to <b>all</b> of the following:  1. Was your work experience related to your current major?					
2.			urs per week) and continuous (with no b	oreaks in between) for at		
3. 4.	Did your work experience (which must be related to your current major) occur prior to entering the College of					
5.	Technology? Can your previous er	mployer provide documen	itation of employment?			
Lunder	stand the following C	redit by Exam (CBF) polici	es:			
	erstand the following Credit by Exam (CBE) policies:  I will be held to a standard that is equivalent to that expected of the regular class for those who receive a "C" grade;					
2.						
3.						
4.	the CBE must be completed within five (5) weeks prior to the end of the same semester which the CBE is submitted;					
5.	the CBE is not applic	able to a course in which I	I have previously been enrolled;			
6.	the CBE is not applicable to a course that is a prerequisite for any course I have previously completed;					
7.	. I cannot repeat the Credit by Examination procedure for the same course;					
8.	The CBE is graded or	an S/U basis only.				
By sign regular	•	nformation on this appl	lication is true, and agree with CBE p	rocesses and		
Studon	at's Signaturo		Date:			



## BOWLING GREEN STATE UNIVERSITY

College of Technology, Architecture and Applied Engineering Undergraduate Student Services

## Co- op Credit by Examination (CBE) Packet Please print clearly

		. ,	Date:			
Student:		ID #:				
Email:	@bgsu.edu	Phone:				
Name of	facilitating faculty member:					
Requestir	ng credit for TECH 2890	TECH 3890	TECH 4890			
Please arra 1. C 2. D	person.	below: pplication. ce. Documentation must experience. c experience with starting listed dates of employme d by a human resource m	be on company letterhead from the and ending (if applicable) dates of nt, and the duties performed. anager, supervisor or other appropriate			
	commendation/Evaluation of Work Experience. To be completed by the company using one of the two ethods listed below:  a. Formal company performance evaluation for the 12-month period.  b. Letter(s) of Reference (this can be incorporated as an additional paragraph in the letter of documentation defined above).					
4. C	<ul> <li>All objectives must be completed can be found at: http://www.bgsu</li> </ul>	poperative Education Report (Found on the Co-op Web Page)				
C C 1 B B F 4	he completed CBE packet must be submit ollege of Technology, Architecture and Appropriative Education Program 02 Technology Building owling Green State University owling Green, Ohio 43403-0306 or information for electronic submission, 19-372-7581 or coop@bgsu.edu	cted to: oplied Engineering contact the Cooperative E				
By signing and regul	g you confirm all information on this c lations.	redit by examination is	true, and agree with CBE processes			
Student's :	Signature:	Date:	<del></del>			