

COP 202 Exemption Form to Waive Program Requirement

Eligibility: To waive COP202, relevant full-time or equivalent part-time work experience in your major field of study within the last 3 to 5 years, must be demonstrated. Upon verification of the information provided below, you will be notified by mail as to the approval/disapproval of this request.

Directions: Submit completed form with any attachments to: **Kristen Kaeding, NSCC, Career and Technical Education and Business Division, Room DB-314, One Ferncroft Road, Danvers, MA 01923.**

Part 1 - STUDENT INFORMATION:

Student Name: _____ Student ID #: N00_____

Student Address: _____
Address City State Zip

North Shore Email: _____@northshore.edu

Telephone: (Home) _____ (Cell) _____

NSCC Major: (choose one)	Accounting ¹ Culinary Arts & Food Service ² Executive Admin Asst ²	Graphic Design ² Legal Admin Asst ² Management ¹	Marketing ¹ Medical Admin Asst ² Hospitality and Tourism ²
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¹If waiver is approved, students must substitute a 3-credit **ACC, BUS, MKT, MGT** elective.

²If waiver is approved, students must substitute a 3-credit **open** elective.

Directions: Part 2 should be completed for each separate employer. Resume may also be attached. Student should sign and date as indicated.

Part 2 – EMPLOYMENT INFORMATION: *(Employers will be contacted by department/program chairs for verification.)*

Company Name: _____ Co Telephone Number: _____

Company Address: _____
Address City State Zip

Name & Title of Supervisor: _____

Supervisor Email Address: _____

Dates Employed: Full-time: _____ Average Number of Hours per Week _____

Part-time: _____ Average Number of Hours per Week _____

Job Title: _____

Brief Job Description: *(Explain how this job relates to your NSCC program major. List duties, responsibilities and any special skills you may have; include all software used.)*

Student: _____ Date: _____

(Signature)

Typed name is acceptable if emailed from your North Shore email.

Office Use Only:

APPROVED:

NOT APPROVED (reason):

Department Chair: _____ Date: _____
(Signature)

Distribution:

Original to Student

Student Enrollment/Records

Program Coordinator/Department Chair

Coop Ed Coordinator