

## 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 #: \_\_\_\_\_

Student Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

NSCC Major: (circle one)	<b>Accounting<sup>1</sup></b> <b>Culinary Arts &amp; Food Service<sup>2</sup></b> <b>Executive Admin Asst<sup>2</sup></b>	<b>Graphic Design<sup>2</sup></b> <b>Legal Admin Asst<sup>2</sup></b> <b>Management<sup>1</sup></b>	<b>Marketing<sup>1</sup></b> <b>Medical Admin Asst<sup>2</sup></b> <b>Hospitality and Tourism<sup>2</sup></b>
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<sup>1</sup>If waiver is approved, students must substitute a 3-credit **business** elective.

<sup>2</sup>If 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: \_\_\_\_\_

Name & Title of 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.) (Please use other side if more lines are needed.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Office Use Only:  
**APPROVED:** \_\_\_\_\_

**NOT APPROVED (reason):** \_\_\_\_\_  
\_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

**Distribution:**  Original to Student  Student Enrollment/Records  Program Coordinator/ Dept Chair  Coop Ed Coordinator