

**CULINARY and/or HOSPITALITY & TOURISM
COOPERATIVE EDUCATION PROJECT REPORT**

PART I – Cover Page

Name _____

Student ID Number _____

Address _____

Course Title _____

Course Number _____

Section Number _____

Beginning Date of Co-op Work Period _____

Ending Date of Co-op Work Period _____

NOTE: All required paperwork must be turned in to your respective Co-op Departmental Advisor and the Co-op Staff (Gil Bixel).

Hospitality & Tourism Management Students Mr. Sandy Southerland

Culinary Management Students Chef Travis Herr

*All course requirements must be completed before a passing grade will be assigned for your Co-op credits.

