

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

PART I – Cover Page

Name _____

Social Security No. _____

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 or Tim Miller).

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.

Objectives Continued

A) State Objective #2. _____

C) Why did you set (pick) this Objective? _____

C) Details of steps you took to reach this objective. _____

D) How did you know you had reached this objective? _____

Objectives Continued

A) State Objective #3. _____

D) Why did you set (pick) this Objective? _____

C) Details of steps you took to reach this objective. _____

D) How did you know you had reached this objective? _____

Objectives Continued

A) State Objective #4. _____

E) Why did you set (pick) this Objective? _____

C) Details of steps you took to reach this objective. _____

D) How did you know you had reached this objective? _____

