

General Rules and Commitment

1. It is the student's responsibility to request the registration of the COOP/internship course using the electronic sheet for registration at: www.uprm.edu/coop/ . The student who does not enroll in the COOP course during the semester will be inactive and has to apply for readmission at UPRM.
2. Enrollment for COOP Engineering courses is carried out by the COOP Program staff (not the Department). After checking that we have the completed documents in the form, they will be enrolled in the COOP course, will be informed by email, and the student can confirm and pay.
3. For students required to work in the US and enrolled in the COOP course, it is mandatory to have an active medical insurance and is responsible to confirm that it has coverage in the US. They will be responsible for any costs related to medical expenses in case of emergency.
4. The student enrolled in COOP agrees to follow the safety rules and prevention measures for COVID-19 established by the company for which they work and those of the U.P.R.M.
5. During the semester/summer some courses will be assisted by technology (remote). If you are going to enroll in the COOP course, you can only take an additional course with Distance mode (code XXXD). This course cannot be hybrid (code H), it cannot be regular (with a defined schedule or synchronous), only the courses with code XXXD do not have an assigned schedule.
6. The internship / COOP must be full time and coincide with the dates of the enrolled semester / summer. The schedule must be agreed with the company following its regulations.
7. After enrolling, it is important that you check your email regularly because the course professor will contact you through the U.P.R.M. email from the start date of classes.
8. The student enrolling in the COOP course must agree to make an appointment with his / her academic advisor to make an evaluation of his / her curriculum. This way it is ensured that you complete your graduation requirements and how the COOP courses (free elective or professional / technical elective) will be used in your program of study. Failure to comply with this assessment may affect your academic progress or graduation requirements.
9. The student will be responsible for keeping in continuous contact with U.P.R.M. to adopt any additional measures required as a result of extraordinary situations such as natural disasters, pandemics, among others.

If the company that hires you requests a copy of the RUM insurance policy, you must send an email to COOP.ingenieria@upr.edu writing Liability Insurance in the "subject" and the following information:

Copy of confirmed / paid registration

Full name

Student number

Department

COOP (XXXX4995) or INGE 4995 enrolled course

Name of the company

Town / city where you will be working

Advantages of enrolling in the COOP course

1. Taking a COOP provides you with practical experience that helps you strengthen your technical and professional skills necessary for obtaining employment upon graduation. You cannot take the Capstone course with the COOP course.
2. You can use the course as a free elective or a professional / technical elective (as assessed by your department).
3. The COOP course is covered by the following certifications: The RUM Administrative Board (Certifications 94-95-69 and 97-98-293), certifies that: "All students enrolled in the Cooperative Program in the different faculties of the Campus that they offer the same, they will be considered regular "bona-fide" students during the academic periods in which they are officially enrolled in the academic year " .
4. The student enrolled in COOP (3 credits) is considered a regular student, so the tuition exemption (if he has it) and the Pell Grant (if he has it) apply.
5. All students who complete a COOP practice period will have priority in their enrollment preference in the next two semesters of COOP.
6. The student enrolled in the COOP course will be covered by the RUM liability insurance. This is required by many companies in order to carry out their practice.

Any additional information can write to us at: COOP.ingenieria@upr.edu or visit our page: <https://www.uprm.edu/coop/>. Please read carefully and sign:

STUDENT COMMITMENT: I affirm that I have read the general rules and regulations of the Cooperative Education Program and I agree to abide by the established policy and rules of the course and Program. I certify that I understand and assume any health risks from having to travel to participate in the COOP program. I am committed to following the measures established by the Puerto Rico Department of Health, the Center for Disease Control and Prevention (CDC) for domestic travel, the rules established by the company, the state I will visit and the UPRM Campus protocol.

Signature

Full name: _____

Student number: ____ - __ - _____

Department / Program: _____

Year of study: _____

Estimated Graduation Date: _____ (month / year)

AUTHORIZATION OF THE PARENT OR GUARDIAN (FOR STUDENTS UNDER 21 YEARS OF AGE)

As a parent or tutor of the student who makes this request, I approve that the student participates in the Cooperative Education Program of the School of Engineering of the University of Puerto Rico Mayagüez. As part of this program the student will alternate periods of study with periods of full-time work. I am aware and affirm that my child is required to comply with the standards of the Cooperative Education Program, with the standards of the Center for Disease Control and Prevention (CDC) regarding COVID-19, with the company that offers him the opportunity to work and the protocol of the Mayaguez Campus. I certify that I understand and assume any health risks my child may have when traveling to participate in the COOP program. I commit to ensure that my child has an active medical insurance and that we are responsible to make sure that his medical insurance has coverage in the United States when required to travel for work/coop.

Reviewed by the Program Coordinator and the Department Director.

If the parent or guardian has any geographic limitation or other restriction regarding the student's please indicate so:

Signature

Date

Full Name of the Parent or Guardian

Telephone of the signer