BROOKHAVEN COLLEGE – COMMUNICATIONS DIVISION
COMM-2389-23300 – Academic Cooperative in Communication – 3 Credit Hours

Professor: Daniel Rodrigue Email: dtrodrigue@dcccd.edu Semester: SPRING 2019
Office: L113 Office Phone: 972-860-4747 (4779 for Lab Phone) Office Hours: M-TR 7:45-9 a.m.
[For undivided attention, please come by my office during my office hours listed above or look for me in the newsroom, U241.]

I. Course Number and Title: COMM 2389, Academic Cooperative in Communication [This is a Texas Common Course Number.]

II. Catalog Description: Prerequisite: Required: College level ready in Reading and Writing; must also have instructor approval. "This instructional program is designed to integrate on-campus study with practical hands-on work experience in Communication. In conjunction with class seminars, the student will set specific goals and objectives in the study of Communication. (1 Lec., 5 Lab.)"

III. Class Meeting Time: MTWRFSU

III. Student Learning Outcomes: COMM 2389 is an advanced communications course that assumes a high level of interest and commitment on the student’s part. The greatest amount of learning will come as a result of the one-to-one student/teacher relationship. As a result, a great emphasis will be placed on the student/teacher consultation and critique sessions. Ample time will be allowed for such sessions. There will be several specific assignments applicable to all students. However, there will be time available for your personal experimentations and consultation with the instructor pertaining to other areas of interest you may wish to pursue.

IV. Expectation: Assignment due dates will be strictly adhered to. The instructor expects student responsibility at this level as a minimum requirement. At the scheduled sessions, the student will show his/her progress toward the specific assignments. This can be the most valuable part of the course if the student takes advantage of it.

Major Assignments

Students will agree to complete three “complex,” multi-tiered projects for 100 points each (with three learning objectives and measurement standards for evaluation [see included practicum evaluation form]) and the portfolio and journal. Evaluations will be conducted based upon performance on several assignments including a journal of the student’s CO-OP/internship experience, documentation of hours worked in the internship and a stringbook of the student’s work.

Grading Procedure

The total number of points accumulated by the student during the semester will largely determine grades. There will be 6-8 consultation sessions, which the student is responsible for scheduling with the instructor. Again, it is the student’s responsibility to schedule the consultation sessions. The student’s final grade will be determined by dividing the accumulated points by the total possible points. The instructor reserves the right to add up to five (5) percentage points to the final average based on class participation and attitude toward the course. Final grades will be assigned as follows:

A = 100%-90%  B = 89%-80%  C = 79%-70%  D = 69%-60%  F = 59% and below

You may obtain your grades online at http://econnect.dcccd.edu

Attendance Policy

Students are expected to attend all classes. Roll will be made every class period. If you are tardy, it is your responsibility to check with me immediately after class. The attendance policy for this class is consistent with the Dallas County Community College District policy.

Spring 2019 Important Dates

Certification date: Feb. 4 | Drop/withdrawal date: April 17 | Final exams: May 13-16 | Holidays (NO CLASS): Feb. 28-March 1, March 11-15, April 19

Institutional Policies

Institutional Policies relating to this course can be accessed from the following link:
https://www.Brookhavencollege.edu/syllabusaddendum
Dallas County Community College District
INTERNSHIP/PRACTICUM/COOPERATIVE EDUCATION
Evaluation Form - Learning Objectives

Student ____________________________________________
Campus ___________________ Rating Period _________________
Employer __________________________ Course ___________________

RATING: (Satisfactory / Unsatisfactory)

Objective 1
Date Started: __________ Date Completed: __________ Sat. ___ Unsat ___
Learning Objective: ________________________________________________________
________________________________________________________________________
Measurement Standard: ____________________________________________________
________________________________________________________________________

Objective 2
Date Started: __________ Date Completed: __________ Sat. ___ Unsat ___
Learning Objective: ________________________________________________________
________________________________________________________________________
Measurement Standard: ____________________________________________________
________________________________________________________________________

Objective 3
Date Started: __________ Date Completed: __________ Sat. ___ Unsat ___
Learning Objective: ________________________________________________________
________________________________________________________________________
Measurement Standard: ____________________________________________________
________________________________________________________________________

We the undersigned agree to the validity of the above objectives: (Sign at beginning of ELE)
_________________________________________ Student/Date
_________________________________________ Instructor/Date
_________________________________________ Supervisor/Date

Additional Comments concerning achievement of objectives (attach additional pages if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We the undersigned agree to the above ratings of objective achievement: (Sign at end of ELE)
_________________________________________ Student/Date
_________________________________________ Instructor/Date
_________________________________________ Supervisor/Date

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