

Cooperative Education Training Agreement

This agreement, to be signed by the student, the employer, and the faculty coordinator, is assurance that the participating student will gain the quality on-the-job experience that may be awarded college credit.

Quarter: Fall Winter Spring Summer Year: _____

Student Information-----

(To be filled out by the Student)

I agree to work as shown below to meet the established Learning Objectives of the Co-op program. I will keep the Co-op Coordinator and Faculty Advisor informed of any change in my work or school status. I realize that if placed in a Co-op position by the college, I may not be able to file an unemployment claim against my employer at the end paid placement.

Student ID #: _____

(Print your name)

Student Signature: _____ Date: _____

Employer Information-----

(To be filled out by the Employer)

*The employer reserves the right to discharge the student for just cause. However, if a problem arises after the student secures the internship, the college requests that the employer consult with the faculty advisor and student prior to such action. The school may also terminate the agreement if the training station no longer accommodates educational requirements after due consultation with the employer and student. **If the position is a paid internship**, the employer will pay the student at least the hourly minimum wage as established by the Washington State Department of Labor and Industries. (Volunteer positions are exempt from the requirement.) The employer shall place the student in the same employment status as that of comparable employees with regard to Social Security, the Industrial Insurance Act, compliance with labor laws, where applicable, and shall not displace a regular employee. The employer will provide appropriate safety instruction. The student will arrange a faculty advisor visitation to the site at least once during the quarter. The employer shall evaluate the student in writing on a form supplied by the college during the quarter the student receives Cooperative Education credits. The above employer does not discriminate with regard to age race, sex, color, national origin, or disability.*

Supervisor's Printed Name: _____

Supervisor Signature: _____ Date: _____

I have received the Co-op Employer Information Packet from this student: _____ (initials)

Faculty Information-----

(To be filled out by the Faculty Co-op Advisor)

*I will work with the student and employer to define the Learning Objectives. **I will visit the worksite at least once** to determine the student's progress. Upon completion of the agreed upon Learning Objectives, I will assign a grade at the end of the quarter.*

Faculty Name: _____ Telephone: _____ Office Hours: _____

Faculty Signature: _____ Date: _____

Cooperative Education Director Signature: _____ Date: _____