

**CO-OP EDUCATION/INTERNSHIP  
TRAINING AGREEMENT**

First experience: \_\_\_\_\_  
Second experience: \_\_\_\_\_

EMPLOYER _____ SUPERVISOR _____ JOB TITLE _____ ADDRESS _____ _____ CITY                                  STATE                                  ZIP TELEPHONE _____	STUDENT _____ JOB TITLE _____ ADDRESS _____ _____ CITY                                  STATE                                  ZIP TELEPHONE _____
Description of Job: _____ _____	
Dates of Employment: Starting _____ Ending _____	
Renumeration: \$ _____ per hour. Other benefits student will receive: _____ _____	
<i>The student employment and compensation conforms to Federal &amp; State laws.</i>	

**STUDENT AGREES TO:**

- Follow the employer’s work and job conduct rules.
- Report to work promptly and regularly and notify the employer at once if illness or an emergency prevents him/her from working.
- Attend special seminars or related classes (as specified), and perform all assignments.
- Notify the Co-op Education/Internship staff immediately if he/she is dismissed from his/her job; or on changes in employment.

**COLLEGE AGREES TO:**

- Provide staff to work with the employer and to coordinate the student’s on-the-job experiences and his/her college program.
- Grant appropriate credits for successful job performance.