



Clark College
Cooperative Education/MS-25
 1800 E. McLoughlin Blvd.
 Vancouver, WA 98663-3598
 (360) 992-2239
 (360) 992-2877 FAX

Term/Year _____

Course/Title _____

Due Date: _____

Co-op Training Agreement

Student Information

Student Name (Print) _____

Student's Job Title _____

Address _____

Program Major _____ Completion Date _____

City _____ State _____ Zip _____

Home Phone _____

Student's Email _____

Job Status: Wage \$ _____/Hr Non-Paid _____

Insurance: Workers' Compensation Insurance covered by: Employer College

Employer/Supervisor Information

Company/Agency Name (Print) _____

Supervisor's Name (Print) _____

Address _____

Title _____

City _____ State _____ Zip _____

Telephone _____ Ext. _____

Supervisor's Email _____

Total Co-op hours worked per week _____

We are an equal opportunity employer. I agree to work with the above student and the college representative while the student is completing the Cooperative Education objectives specified. This student has not displace a pre-existing employee.

Learning Objectives/ Activities

Purpose: The Learning Objectives/Activities listed here will describe the tasks the student is assigned to learn during this term's work related experience. On an appointment basis, a college representative may visit the work supervisor and student to discuss the student's progress.

1. _____

How measured: _____

2. _____

How measured: _____

3. _____

How measured: _____

4. _____

How measured: _____

5. _____

How measured: _____

Co-op Coordinator's Signature _____ Date _____

Employer/Supervisor Signature _____ Date _____

I understand that I will receive Cooperative Education credit upon completion of the work experience requirements in accordance with school policy. I will keep my Co-op coordinator and/or instructor informed of my work activities and consult with them prior to changing my work status.

Student's Signature _____ Date _____