



**Clark College**  
**Cooperative Education/MS-25**  
 1933 Fort Vancouver Way  
 Vancouver, WA 98663-3598  
 (360) 992-2239

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 \_\_\_\_\_