



WORK-BASED LEARNING PROGRAM
Career Services, PUB 002 | 360.992.2391 | Interships@clark.edu

Training Agreement

<hr/> Student Name	<hr/> Student Job Title			
<hr/> Address	<hr/> Program Major	<hr/> Completion Date		
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Home Phone	<hr/> Student Email

Workers Compensation Insurance Covered By: ☐ Employer **Job Status: Wage \$____/Hr**

College and Training Site will be responsible for the negligent acts or omissions of its own employees, officers or agents in the performance of this agreement. Neither will be considered the agent of the other and neither assumes any responsibility to the other for the consequences or any act or omission of any person, firm, or corporation not a party to this agreement.

Employer/Supervisor Information

<hr/> Company/Agency Name	<hr/> Supervisor Name		
<hr/> Address	<hr/> Supervisor Email		
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Title
<hr/> Total Co-op hours to be worked per week	<hr/> Phone	<hr/> Extension	

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

Instructor's Signature _____ **Date:** _____

Employer's Signature _____ **Date:** _____

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 displaced a pre-existing employee.

Student's 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.

Affirmation Action/Equal Opportunity Institution **Distribution: Instructor, Employer, Student, Career Services**