



Cooperative Education Training Agreement

Scottsdale Community College
9000 E Chaparral Rd
Scottsdale, AZ 85256

Date:

Semester: Year:

Course ID #: Section #:

Student ID:

Student Name: Home Phone:

Mailing Address: Cell phone:

City: State/Province: Zip/Postal Code:

Student E-mail:

Job Title: Hours Per Week: Hourly Wage:

Employer Name: Supervisor's Name:

Mailing Address: Cell phone:

City: State/Province: Zip/Postal Code:

Participant Responsibility

THE STUDENT

Will adhere to all employer policies, will notify both the employer and the faculty coordinator in the case of extended illness or emergency and will not terminate employment before contacting the faculty coordinator. Understands that the transferability of cooperative education credits is determined solely by the institution to which the student is applying. Determination of transfer is made when an evaluation of the student's transcript and supporting documents is conducted by an authorized person of that institution.

THE EMPLOYER

Will provide varied work experience and adequate supervision based upon the stated learning objectives, will assist the college in evaluating the performance of the student, will provide a safe and healthful working environment and will meet with the student and faculty coordinator in the event termination of employment becomes necessary.

THE COLLEGE

Will provide the student with instruction in job-related skills prior to placement, will meet with the employer and student to determine the learning objectives, will periodically visit the student and employer on the job and will grant credit for the student's successful cooperative education experience.

We understand and affirm the terms and statements established in this agreement.

Employer: Student: Faculty Coordinator: