



# Cooperative Education Training Agreement

P.O. Box 19000, Portland, Oregon 97280-0990

## Student Information (Please Print)

Student Name \_\_\_\_\_ PCC E-mail \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Program Major \_\_\_\_\_

Telephone \_\_\_\_\_ Student Status:  Full-time  Part -time  International

I agree that I will receive Cooperative Education credit upon completion of the work experience requirements in accordance with school policy. I will keep my Jobs & Internships coordinator and/or instructor informed of my work activities and consult with them prior to changing my work status. Provisions outlined in the Federal Unemployment Tax Act and Oregon Revised Statutes apply.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employer/Supervisor Information (Please Print)

Company/Agency Name (Print) \_\_\_\_\_ Telephone \_\_\_\_\_ Supervisor's Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Employer/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

We are an equal opportunity employer and committed to a policy of non-discrimination for all people regardless of race, color, religion, sex, age, disability or national origin. Cooperative Education sites are required to comply with all applicable federal, state and local Occupational Safety and Health Administration (OSHA) requirements for the work performed under this agreement. I agree to work with the above student and the college representative while the student is completing the Cooperative Education objectives specified.

Job Status:  Paid  Non-paid Hourly Wage \$ \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_

Remote  On-site  Both  International Site Total number of hours to be worked in term for credit \_\_\_\_\_

Please be advised that all PCC students enrolled in Cooperative Education are covered by Worker's Compensation insurance for their work experience, unless they are still covered by their prior employer (based on a job injury), or will be covered as a paid employee, or will be covered through a company-sponsored program (such as an Employer Volunteer Program). For more information about Worker's Compensation see <https://www.pcc.edu/resources/careers/internships/insurance.html>

Workers' Compensation Paid by:  Employer  Employer Volunteer Program  PCC  Other

The student and client listed above agree to work together in accordance with Cooperative Education guidelines to satisfactorily complete the credit. The Jobs & Internships Specialist is the liaison between the student, the college, and the client in this training program.

Term/Year	Course No.	CRN No.	Credit	Grade Option

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_ Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

Please retain a copy for your records.



# Cooperative Education Learning Objectives

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<i>Student</i>		<i>Supervisor/Title</i>			
<i>Program Major</i>	<i>Job Title</i>	<i>Agency/Company</i>		<i>Phone</i>	
<i>Term</i>	<i>Email</i>	<i>Address</i>			
<i>Student Work Phone</i>	<i>Home Phone</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Fax</i>

Work Schedule: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

The Learning Objectives/Activities listed here will describe the student's job related goals and the work site activities to meet those goals. See the **Cooperative Education Student Handbook** for details.

<b>OBJECTIVE:</b> What do you want to learn?	<b>ACTIVITIES:</b> What will you do to learn it?	Addtl learning objectives / activities attached
1 a. Objective:		
b. Activities:		
2 a. Objective: _____		
b. Activities: _____		
3 a. Objective: _____		
b. Activities: _____		
4 a. Objective: _____		
b. Activities: _____		
5 a. Objective: _____		
b. Activities: _____		

Work schedule and duties may be subject to change. Contact your Jobs & Internships Education Specialist should any major changes occur.

<i>Student Signature</i>	<i>Date</i>	<i>Employer/Supervisor Signature</i>	<i>Date</i>
<i>Instructor Signature</i>	<i>Date</i>	<i>Specialist Signature</i>	<i>Date</i>

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