



Cooperative Education Training Agreement

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

Due Date _____

Student Information (Please Print)

Student Name _____ E-mail _____ Student ID# _____

Address _____ City _____ State _____ Zip _____ Program Major _____ Completion Date _____

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 Co-op 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 Signature _____

Date _____

E-mail _____

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. 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 _____

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).

Worker Compensation Paid by: Employer Employer Volunteer Program PCC Other

The student and employer listed above agree to work together in accordance with Co-op Education guidelines to satisfactorily complete the credit. The Co-op Ed Specialist is the liaison between the student, the college, and the employer in this training program.

Term/Year

Course No.

CRN No.

Credit

Term/Year	Course No.	CRN No.	Credit

Instructor Signature _____

Date _____

Cooperative Education Specialist _____

Date _____

Distribution: White - Co-op Ed. Specialist Yellow - Student Pink - Employer