

Cooperative Education Training Agreement

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

Student Information (Please Print)

Student Name		PCC E-mail			Student I.D.	Student I.D. Number		
Address		City State		Zip	Program Ma	Program Major		
		Stude	ent Status:	☐ Full-time	□ Part -time	☐ International		
I agree that I will receive Coopera Internships coordinator and/or in Unemployment Tax Act and Oreg	structor informed of my work a							
Student Signature		Date						
Employer/Superviso	r Information (Pleas	se Print)						
Company/Agency Name (Prin	nt)	Telephone	Supervi	ervisor's Name (Print)		Title		
Address		City	State	Zip	Fax			
Employer/Supervisor S We are an equal opportunity en or national origin. Cooperative Administration (OSHA) requires while the student is completing Job Status: Paid Remote On-site Please be advised that all PCC states are still covered by their prior em (such as an Employer Volunteer insurance.html	inployer and committed to a p Education sites are required to ments for the work performed the Cooperative Education o Non-paid Hourly Wage Both International audents enrolled in Cooperative I poloyer (based on a job injury),	o comply with all a under this agreen bjectives specified \$ tional Site Education are covered as a cov	pplicable federatent. I agree to Dates Worke Total numbe ed by Worker's C s a paid employe	al, state and local work with the abo d: From r of hours to be compensation insure, or will be covere	Occupational Safety ve student and the co	and Health bllege representative to or credit berience, unless they sponsored program		
Workers' Compensation F	Paid by: 🗆 Employer	☐ Employer Vo	olunteer Prog	ram 🗆 PCC	□ Other			
The student and client listed about Internships Specialist is the liaison				9	factorily complete the o	credit. The Jobs &		
Term/Year	Course No.	CRN	l No.	Cred	it	Grade Option		
Inchreator Circustores		Dete	Onesia!'	A Cinnature		Data		
Instructor Signature Please retain a copy for	vour records.	Date	Specialis	st Signature		Date 09/22		



Cooperative Education Learning Objectives

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Student			Supervisor/Title				
Program Major	Job Title	Job Title				Phone	
Term	Email		Address				
Student Work Phone	Home Phone		City	State	Zip	Fax	
Work Schedule: N	Mon Tues	_ Wed	Thur	Fri	Sat	Sun	
9 2	ectives/Activities listed he nose goals. See the Coc			•	•		
OBJECTIVE: Wh	at do you want to learn? A	CTIVITIES:	What will you do to	o learn it?		earning objectives / es attached	
1 a. Objective:							
b. Activities:							
2 a. Objective:							
b. Activities:							
3 a. Objective:							
b. Activities:							
4 a. Objective:							
	es may be subject to change. C			cation Speciali	st should a	ny major changes occur	
Student Signature		Date	Employer/Supervi	isor Signature		Date	
Instructor Signature		Date	Specialist Signate	ure		Date	