

EXPERIENTIAL EDUCATION AGREEMENT

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Major _____

Telephone (____) _____ - _____ Work Number (____) _____ - _____

Street Address _____

City _____ State _____ ZipCode _____

Email _____

EMPLOYER INFORMATION

Company Name _____

Contact Person _____ Title _____

Telephone Number (____) _____ - _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

STUDENT POSITION INFORMATION

Program: _____ Co-op CE 101 _____ Internship _____ 475

Semester/Year _____ Number of Credits _____

Position Title _____ BeginDate _____ EndDate _____

Hours per week _____ Hourly wage of Monthly Stipend (if applicable) _____



The student agrees to: perform all assigned duties to the best of his/her ability, satisfactorily meet all requirements of the employer, complete all academic requirements, and abide by the rules, regulations and the policies of the Experiential Education Program. Failure to meet these requirements will result in the student's withdrawal from the assignment and the forfeiture of any benefits of the Experiential Education Program. I have reviewed the internship guide on the OCCS website or have received a copy of it and understand the requirements attached to the internship include registering for the internship departmental course and paying all applicable fees.

Student Signature

Date

The employer agrees to: abide by the guidelines set forth in the "supervisor section" of the handbook; provide supervision of the student; evaluate the student's performance on forms provided by the College, and provide the same consideration of health, safety and working conditions accorded other employees.

Employer Signature

Date

The Coordinator of Experiential Education agrees to: maintain communication with the employer, the student, and the faculty advisor in an effort to answer questions, resolve potential problems and otherwise endeavor to make the experience as productive and rewarding as possible for both the employer and the student.

Experiential Education Coordinator Signature

Date

The Faculty Advisor agrees to: communicate academic expectations to the student, help develop learning objectives, and make at least one site visit per Experiential Education program guidelines. Upon successful completion of all requirements by the student, the faculty advisor will assign a grade.

Faculty Advisor Signature

Date