



Cooperative Education Training Agreement

Due Date _____

Student Information (Please Print)

Student Name *PCC E-mail* *Student I.D. Number*

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/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. 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 client 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 client in this training program.

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

Instructor Signature **Date** **Cooperative Education Specialist** **Date**

Please retain a copy for your records.