## **Cooperative Education Agreement**

| First name:<br>John          | Last name: Doe         | Student ID#:       | Semester in major:<br>C 1st C 2nd C 3rd C 4th C<br>5th |
|------------------------------|------------------------|--------------------|--|
| Start date (mm/dd/yyyy):     | End date (mm/dd/yyyy): | Grad date:         | Rate of pay:   |
| Telephone:                   | E-mail:                | Major:<br>HUM      |  |
| Co-op coordinator telephone: | Supervisor telephone:  | Supervisor e-mail: |  |
| Employer:                    | Job title:             | Department:        | 1  |
| Co-op coordinator name:      | Supervisor title:      | Supervisor name:   | ]  |
| Addross/City/Stato/7ID:      |                        |                    | 1  |

## The Student Agrees To:

- 1. Maintain regular attendance a school and work, and notify the school and employer prior to
- any absence;

  2. Complete assignments on time, show honesty, punctuality, a cooperative attitude, proper grooming/dress, and willingness to learn;

  3. Consult the Co-op coordinator and work supervisor about any problems; and,

  4. Conform to the rules and regulations of the worksite, and maintain confidentiality.

  5. Indemnify, defend and hold harmless the University of Hawaii and the State of Hawaii and

- the State of Hawaii, and their officers, employees, agents, or any person acting on their behalf from and against any claim or demand for loss, liability or damage connected with the performance of this agreement, or made by reason of the non-performance of any of the terms, covenants and conditions herein, or any Federal, state municipal or county rules;
- Authorize the Co-op coordinator to release information about my academic records to the Co-op Employer for purposes of obtaining or maintaining employment. These records include grades, grade point average, courses attempted, courses completed, academic status (probation, suspension, Dean's list, honor's graduate) and any other information contained in my academic history. This authorization is valid for 5 years from the date

## The Employer Agrees To:

- 1. Provide thorough orientation to job and worksite, as well as a meaningful, well-supervised work experience:
- 2. Provide evaluation of performance, time for consultation with, and on-site monitoring visits
- by Co-op coordinator;

  3. Consult Co-op coordinator regarding problems related to the work experience, and prior to
- Conform to all State and Federal laws which prohibit discrimination and promote affirmative action and adhere to the UH EEO/AA Policy
- Offer jobs that pay a base salary equal to or greater than a minimum wage in compliance with city/state/federal labor laws and ordinances or provide internship training as compensation.
- 6. Provide adequate protection to the student through Workman's Compensation and/or liability insurance as required by law and OSHA regulation.

## Student Learning Outcomes:

Upon completion of the Co-op Work Experience, the student will demonstrate the following

- 1. Secure an appropriate Cooperative Education Job Training Position (carry out a career self-assessment, identify potential employers, conduct a job search, apply for a position, write a cover letter, resume, and interview for a position).

  2. Perform all duties required at the cooperative education work site according to industry

- standards (demonstrate positive work habits, use appropriate work procedures, tools, and equipment, and follow all safety procedures).

  Apply classroom/laboratory skills to solve work related problems.

  Assess personal abilities and skills in relation to job duties (evaluate personal performance in relation to job duties, demonstrate willingness to learn, listen to criticism and change

Brief Description of Duties Please describe briefly the duties and performance objective as assigned to this student during the co-op period.

| Student's Signature:                           |       | Date |
|--|-------|------|
| Supervisor's Signature:                        |       | Date |
| Cooperative Education Coordinator's Signature: | Date: |      |