

Cooperative Education Agreement

First name: <input type="text"/>	Last name: <input type="text"/>	Student ID#: <input type="text"/>	Semester in major: <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th <input type="radio"/> 5th
Start date (mm/dd/yyyy): <input type="text"/>	End date (mm/dd/yyyy): <input type="text"/>	Grad date: <input type="text"/>	Rate of pay: <input type="text"/>
Telephone: <input type="text"/>	E-mail: <input type="text"/>	Major: HUM	
Co-op coordinator telephone: <input type="text"/>	Supervisor telephone: <input type="text"/>	Supervisor e-mail: <input type="text"/>	
Employer: <input type="text"/>	Job title: <input type="text"/>	Department: <input type="text"/>	
Co-op coordinator name: <input type="text"/>	Supervisor title: <input type="text"/>	Supervisor name: <input type="text"/>	
Address/City/State/ZIP: <input type="text"/>			

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; and,
6. 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 signed

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 suspension or termination;
4. Conform to all State and Federal laws which prohibit discrimination and promote affirmative action and adhere to the UH EEO/AA Policy
5. 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 knowledge & skills:

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).
3. Apply classroom/laboratory skills to solve work related problems.
4. 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 behavior).

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: _____