

COMPUTING CO-OP & INTERNSHIP AGREEMENT

Student Information

Name: David Lance Akins II N#: N00852693

Concentration: Information Science

Address: 10275 Gregory Ave

City: Hastings State: FL ZIP: 32145

Phone: (904) 419-8629 E-Mail: n00852693@ospreys.unf.edu

Employer Information

Company: _____ Phone: _____

Address:

City: _____ State: _____ ZIP: _____

Supervisor Information

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Co-Op/Internship Information

Starting Date: _____ Ending Date: _____

Pay: _____ per hour Hours Per Week: _____ Total Pay For Semester: _____

Credit Hours Requested: 0 1 2 **3** Major Elective Credit Requested: **Yes** No

Description of Co-Op/Internship Job Responsibilities and Learning Objectives:This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

RESPONSIBILITIES OF THE STUDENT

1. The student will register for the appropriate section of the co-op course (0, 1, 2, or 3 credits) after all signatures are obtained.
2. The student will complete a minimum of 300 hours (15 weeks * 20 hours) of work in an approved position, plus any other requirements specified by the course syllabus.
3. The student will negotiate the rate of compensation directly with the Employer.
4. The student will maintain regular contact with the Instructor. The student is also required to present an initial list of their personal objectives developed in coordination with the Supervisor (see syllabus for due date) and submit a final summary report of the work experience each term.
5. The student will be subject to the jurisdiction of all rules, regulations, and codes of conduct affecting students at University of North Florida, as well as those that the Employer may require.
6. The student must maintain confidentiality with regard to sensitive business information gained in the work environment.

RESPONSIBILITIES OF THE CAREER DEVELOPMENT CENTER AND INSTRUCTOR:

1. The Instructor or Career Development Center will provide the student and Supervisor with co-op documents, maintain regular interactions with both parties to assure that the learning objectives are being achieved, and conduct the final evaluation of the internship based on input from the Supervisor and reports submitted by the student.
2. The Instructor will provide feedback to the student on assignments to be submitted about the co-op/internship experience.
3. The Instructor will provide the participating Supervisor with appropriate instruments for evaluating the student.

RESPONSIBILITIES OF THE PARTICIPATING EMPLOYER AND SUPERVISOR

1. The Employer should assign a specific Supervisor to work directly with the student to help achieve the educational objectives of the co-op/internship.
2. The Employer will provide the student with an orientation to the site's duties, hours, and employer/supervisor expectations.
3. The Employer will provide a safe and secure workplace at which the student has the opportunity to meet his/her educational objectives.
4. The Supervisor and the student will create a list of specific objectives and assessment criteria for the internship that will form the basis for evaluating "satisfactory completion" of the experience.
5. The Supervisor will schedule regular meetings with the student and provide ongoing feedback about the student's performance.
6. At the completion of the co-op agreement, the Supervisor will evaluate the student's work performance by completing the "Confidential Evaluation Form" (provided by the Instructor). The evaluation form should be submitted by the posted deadline for each semester that the student is working.

By signing below, I acknowledge I have read the responsibilities listed above and agree to participate in the program.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

The School of Computing will permit the aforementioned to register for the 0 1 2 3 credit
hour section of CIS3949 Experiential Studies in Computing for the Fall Spring Summer term of _____.
The student will receive Major Free elective credit for this course. The CRN for registration is _____.

Director Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Career Development Director Signature: _____ Date: _____

Only Required if Applicable	
International Center Signature: _____	Date: _____