



Cooperative Education Training Agreement

Due Date _____

Student Information (Please Print)

Liam Crawshaw	liam.crawshaw@pcc.edu	G03840608
<i>Student Name</i>	<i>PCC E-mail</i>	<i>Student I.D. Number</i>
5735 NE 16th ave	Portland	Oregon 97211
<i>Address</i>	<i>City</i>	<i>State Zip</i>
6308808853	CIS	03/14
<i>Telephone</i>	<i>Program Major</i>	<i>Completion Date</i>

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.

<i>Liam Crawshaw</i>	01/28/21
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
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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 02/01/21 to 03/21/21

☐ International Site Total number of hours to be worked in term for credit 120

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
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Please retain a copy for your records.