



COOPERATIVE EDUCATION LEARNING AGREEMENT

Cooperative Education Office
2039 Kennedy Boulevard, Vodra Hall 101
Jersey City, New Jersey 07305
(201) 200-3005/6
1-800-624-1046

Student Name _____ Student ID# _____ Date _____

Address _____

City, State, Zip Code _____ Phone _____

Place of Work _____ Address _____

City, State, Zip Code _____ Phone _____ Fax _____

Position Title _____ # Hours Worked Weekly _____ Salary _____

Immediate Supervisor _____ Phone _____

Please identify two learning objectives:

Part I: Your job-related objectives should have input from your work supervisor.

Part II: Your academic learning objectives must be planned in conjunction with your faculty coordinator.

LEARNING OBJECTIVES

1. Describe your job related learning objectives: _____

2. Describe your academic project objective: (e.g. report, research, portfolio, log, other)

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There are three participants in the cooperative education venture. The signature of the student to this document shall serve to bind the student to the terms of this agreement and to make the student responsible for the satisfactory completion of said responsibilities in order to earn a grade and academic credit for the cooperative education assignment.

The signature of the coordinator and employer to this document shall serve to witness the responsibilities which the student has agreed to satisfy through the terms of this agreement.

Student's Signature _____

Supervisor's Signature _____

Coordinator's Signature _____

Date _____