



CO-OP LEARNING OBJECTIVES FORM

Student Name (please print) _____ Semester _____

Student E-mail _____ Student Title _____

Company _____ Phone: _____

Supervisor _____ Supervisor E-mail _____

Company Address _____
Street City State Zip

Each semester a student participates in a cooperative education work assignment, it is necessary that the University and employer help the student determine what new or expanded responsibilities or learning opportunities are possible on his/her job. These objectives enable the University to determine the learning value of the student's work experience.

These objectives should be specific and measurable. They must include: a description of the activity; how it will be accomplished; and how it will be evaluated at the end of the academic term.

At the beginning of the co-op work period, the student shall meet with his/her employment supervisor to review the Learning Objectives and determine how the objectives can be attained. The Faculty Coordinator will review the objectives with the student. The original (white) copy should be returned to Career Services. A copy must be provided for the faculty coordinator and the student for use in evaluating the co-op at the end.

1. _____

2. _____

3. _____

(Additional objectives can be continued on another sheet of paper)

The student agrees to maintain communication with the faculty coordinator and Career Services, maintain a record of work activities (logbook) and submit it and a final written report on the co-op experience to the faculty coordinator at the end of the semester, and to attend any required co-op meetings. If the student's employment is terminated for any reason, he/she must contact Career Services and the faculty coordinator within 48 hours.

The Employer agrees to provide the cooperative education employee with a meaningful work assignment, to arrange for a cooperative education faculty coordinator to visit on-the-job with the co-op student, to communicate with the Career Services staff if circumstances require further attention, and to evaluate the student's performance at the end of the semester.

I have read and hereby agree to the above terms and objectives.

Student Signature _____ Date _____

Employer Signature _____ Date _____

Employer Name (please print) _____

Faculty Coordinator Signature _____ Date _____

Faculty Coordinator Name (please print) _____