

Utah State University

Cooperative Education Internship Agreement

Student Name: _____ Major: _____

A#: _____

Campus Email: _____ Office Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Course #: _____

Faculty Co-op Coordinator: _____ Campus Phone: _____

Company/Business: _____ Immediate Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Rate of Pay: _____ Hours Worked Weekly: _____ Supervisor's Work Phone: _____

Semester Enrolled: ☐ Spring ☐ Fall ☐ Summer Year: _____

Work Schedule: _____
Monday Tuesday Wednesday Thursday Friday

Statement of Student's Learning Objectives

You will be required to establish five learning objectives for the specified grading period. The learning objective must be originated by you, the student, approved by the employer/supervisor, and reviewed by the department faculty co-op coordinator for validity and relative value with all parties in agreement.

ATTACH A COPY OF YOUR 5 LEARNING OBJECTIVES TO THIS FORM

Agreement

We, the undersigned agree with the validity of the learning objectives listed above (or attached). The employer and the college agree to provide the necessary supervision and counseling to insure that the maximum education benefit may be achieved from the student work experience. The student agrees to abide by the cooperative education guidelines as outlined in the Student Manual. The supervisor will evaluate the student's learning objectives and work performance at the end of the grading period. The university will award academic credit for successful accomplishment of the objectives in the cooperative education student manual.

Student

Date

Work Supervisor

Date

Koushik Chakraborty, Internship Coordinator

Date