Co-op Student’s Name___________________________________________ Major:____________________

Student’s Address________________________________________________________________________
(Street/P.O. Box) (City) (State)

Student’s Phone Number __________________________ E-mail____________________________________

Student’s N-Number_______________________________________

Employer____________________________________________________ Phone Number_____________________

Employer’s Address________________________________________________________________________
(Street/P.O. Box) (City) (State) (Zip)

Supervisor’s Name_____________________________________ Title ____________________________

Supervisor’s Contact Information
Phone __________________________
Fax __________________________
E-mail __________________________

Co-op Starting Date_________   Ending Date__________

Student’s Rate of Compensation_________________   Hours to be worked per week__________

Brief Description of the cooperative education assignment (detailing learning objectives and responsibilities):  ___________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

RESPONSIBILITIES OF THE STUDENT

1. The student is required to complete weekly 15 -20 hours (225-300 hours total) of work in an approved position, plus any other requirements specified by the course syllabus and/or the Co-op/Internship Manual.

2. The student’s rate of compensation is to be negotiated between the Employer and the student.

3. A grade will be assigned that is contingent upon a “satisfactory” evaluation by the Supervisor, as well as completion of all other requirements specified by the course syllabus and/or the Co-op/Internship Manual.

4. Each Co-op/Intern student will maintain regular contact with the Career Services Advisor. The Co-op/Intern student is also required to present an initial list of their personal objectives for the co-op/internship (developed in coordination with the Co-op/Intern Supervisor) and submit a final summary report on their work experience.
5. The student is 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 SERVICES COORDINATOR:**

1. Provide the student and Supervisor with a pre-internship orientation, 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 intern supervisor and reports submitted by the Intern.

2. Provide the participating employer/supervisor with appropriate instruments for evaluating the student.

3. Assist the student in terms of the final report to be submitted on the co-op/internship experience.

**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 by assigning appropriate work duties.

2. 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 internship.

3. Provide the student with an orientation to the work-site duties, hours, and employer/supervisor expectations.

4. Schedule regular meetings with the student and provide ongoing feedback about the student’s performance.

5. Provide a safe and secure workplace at which the student has the opportunity to meet his/her educational objectives.

6. At the completion of the co-op agreement, the Supervisor will evaluate the student’s work performance. The Supervisor will complete the “Confidential Evaluation Form” (provided by the Career Services Advisor) and will provide brief comments on the positive and negative aspects of the Student’s performance. The evaluation form should be submitted within ten (10) days of the completion of the co-op/internship.

*This agreement is subject to any specified educational objectives, duties, learning outcomes, and evaluation methods that may accompany this agreement or are included in the Co-op/Internship Manual. **ONCE ALL OF THE APPROVED SIGNATURES ARE COMPLETED, YOU MUST REGISTER FOR THE CLASS IN ORDER TO GET CREDIT!****

____________________________________________________  _______________________________
(Student)                                                                                                       (Date)

____________________________________________________  _______________________________
(Supervisor/Employer)                                                                                (Date)

____________________________________________________  _______________________________
(Academic Advisor)                                                                                 (Date)

____________________________________________________  _______________________________
(Department Chair)                                                                                 (Date)

____________________________________________________  _______________________________
(International Center if applicable)                                                                     (Date)

____________________________________________________  _______________________________
(Co-op Coordinator)                                                                                 (Date)