## Cooperative Education **Statement of Cooperation**

Student Name (please print or type) Student I.D. #			Company Name (please print or type) Business Address
	ary supervision and coun	seling to insure that the stude	ATION AGREEMENT elines and regulations. The employer and the college will nt/employee receives appropriate educational benefit from this

work experience. The instructor-coordinator will visit the student/employee's place of employment, consult with the employer regarding the student's job performance, and grant academic credit for successful completion of the program. It is understood the employer will, as required by law, comply with all appropriate federal and state regulations. Students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap. The undersigned agree with the validity of the joboriented learning objectives listed below. You can sign by physical signature, electronic signature, or typed signature below. If you sign electronically or by typed signature, you are agreeing that this form of signature is the equivalent of your physical signature.

Student Signature

Date

Supervisor's Signature (employer)

Date

Instructor Signature (Palomar)

## **BEGINNING of SEMESTER: Set Learning Objectives**

For each semester that a student is enrolled in Cooperative Education, it is necessary to identify new or expanded SMART joboriented learning objectives (specific, measurable, attainable, relevant, and time sensitive). These objectives are developed by the student and then reviewed and approved by both the supervisor and instructor-coordinator. Should an objective require revision during the semester, the instructor-coordinator must be notified. The student/employee and the supervisor will evaluate objective accomplishments at the end of the course term.

Objective 1: \_\_\_\_\_

Objective 2: \_\_\_\_\_

Objective 3:

Date

