COOPERATIVE EDUCATION AGREEMENT

The following statements constitute the Agreement on which participation in the Cooperative Education Program at Forsyth Technical Community College (“Forsyth Tech”) is based. Parties to this agreement are _________________________ (“Student”), _____________________________ (“Employer”), and Forsyth Tech.

TERMS AND CONDITIONS
In consideration of the mutual benefits of the Cooperative Education Program, Forsyth Tech, Employer and Student agree as follows:

Placement and Employment Procedures
Forsyth Tech and the Employer agree to observe placement procedures and employment practices which conform to all federal, state, and local laws and regulations (including nondiscrimination toward any participant or employee because of race, color, religion, sex, veteran's status, handicap, or national origin).

Forsyth Tech will:
1. Assess the Student's skills, capacities, and career objective.
2. Refer the Student to an employer of interest.
3. Provide consultation and coordination between the Student, the Employer, and Forsyth Tech.
4. Approve and evaluate the Student's Measurable Learning Objectives for each training period.
5. Make arrangements for and conduct on-site visits with Student and his immediate supervisor.
6. Determine a grade for the co-op experience and award college credit based on Student's performance and completion of required reports.

Employer will:
1. Provide a minimum of 160 hours of employment per semester/term for each course credit assigned.
2. Identify a qualified employee who is not related to the Student to serve as the immediate supervisor. The supervisor will assist Student in developing and evaluating Measurable Learning Objectives that will be related to the Student's academic studies.
3. Permit on-site visits by a Forsyth Tech representative.
4. Notify Forsyth Tech at least one (1) week before any action that might result in the termination or change of employment status of the Student.
5. Encourage Student to continue his or her higher education to completion.
6. Evaluate Student's performance during on-site visits and at the end of the semester/term.
7. Give Forsyth Tech permission to use Employer's name in co-op marketing and promotional materials.
8. Provide Student with a supervised, progressive, and meaningful work experience.
9. Assure a safe and healthy work environment.
10. Verify the accuracy of Student’s time reports.
For paid co-op positions:
11. Compensate Student at a level consistent with regular employees in a similar training situation.
12. Provide Workmen's Compensation Liability Insurance for Student during the entire work experience period.

Student will:
1. Report punctually and regularly for work.
2. Strive to do the best possible job for Employer.
3. Adhere, at all times, to Employer's work rules and regulations and to Forsyth Tech co-op rules.
4. Notify Employer promptly if unable to work for any reason.
5. Develop Measurable Learning Objectives in conjunction with the immediate supervisor and faculty coordinator during the first two weeks of the work experience.
6. Be covered by adequate accident insurance.
7. Grant Employer permission to discuss Student’s progress with Forsyth Tech representatives.
8. Report promptly any problems occurring on the job or changes in job duties and responsibilities to Forsyth Tech faculty coordinator or Co-op Coordinator.
9. Inform Forsyth Tech's Financial Aid Office of her co-op employment and report wages earned during the co-op work experience, if appropriate.

Statement of Cooperation
I fully understand the responsibilities of all parties involved in this Cooperative Education Agreement and shall strive to make this a successful learning experience.

Student:

_____________________________  __________________________ ____________  
Signature                                    Print Name                      Date

Co-op Instructor:

_____________________________  __________________________ ____________  
Signature                                    Print Name                      Date

Employer:

_____________________________  __________________________ ____________  
Signature                                    Print Name/Title                  Date

Forsyth Tech Co-op Coordinator:

_____________________________  __________________________ ____________  
Signature                                    Print Name                      Date

Revised 8/10/2007