



Cooperative Work Experience Student Contact

I _____ am registered in _____ Work Experience for _____ units
[Student Name] [Course Name]
and have met with my assigned faculty advisor or Work Experience Coordinator and reviewed the following:

- I have been provided with the appropriate forms for Work Experience.
- Goal and objectives for Work Experience.
- I understand it is the students' responsibility to return the completed and signed original Employer Agreement and a signed copy of the Learning Objectives to the faculty advisor no later than the Friday of the third week of the semester.
- I have been provided with written instructions regarding the final paper.
- I have been provided with a time card(s) to verify my hours for Work Experience.
- I have been advised that the final paper and employer signed time card(s) are due at the faculty advisor office by the end of the semester.
- I understand that Work Experience is available for Credit / No Credit grading only.
- I understand that late papers or time cards will NOT be accepted and will automatically receive a grade of No Credit.
- I understand that failure to meet any of the requirements by the dates listed above shall result in a grade of No Credit being issued.
- I further understand should I wish to drop Work Experience, it is the students' responsibility to do so. The faculty advisor is not responsible and will not drop the student.
- I have been provided with the faculty advisor's office phone number and email address. It is the students' responsibility to notify the advisor of any changes in my employment status or contact information.
- All of these items have been explained to me. I have read and understand them and I agree to the terms as outlined above.

Student Signature _____ Date _____

Faculty Advisor _____ Date _____