COOPERATIVE EDUCATION LEARNING AGREEMENT

Cooperative Education Office
2039 Kennedy Boulevard, Vodra Hall 101
Jersey City, New Jersey 07305
(201) 200-3005/6
1-800-624-1046

Student Name __________________________________________ Student ID#_____________________ Date___________________________
Address __________________________________________________________________________
City, State, Zip Code _____________ Phone __________________________
Place of Work ____________________________________________________ Address_________________________________________________
City, State, Zip Code_____________________________________ Phone________________________________ Fax _________________________

Position Title ____________________________________________ # Hours Worked Weekly ____________ Salary _______________
Immediate Supervisor ________________________________________ Phone ___________________________________

Please identify two learning objectives:
Part I: Your job-related objectives should have input from your work supervisor.
Part II: Your academic learning objectives must be planned in conjunction with your faculty coordinator.

LEARNING OBJECTIVES

1. Describe your job related learning objectives:_______________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________

2. Describe your academic project objective: (e.g. report, research, portfolio, log, other)
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

There are three participants in the cooperative education venture. The signature of the student to this document shall
serve to bind the student to the terms of this agreement and to make the student responsible for the satisfactory
completion of said responsibilities in order to earn a grade and academic credit for the cooperative education assignment.

The signature of the coordinator and employer to this document shall serve to witness the responsibilities which the
student has agreed to satisfy through the terms of this agreement.

Student’s Signature______________________________________________ Supervisor’s Signature___________________________________
Coordinator’s Signature___________________________________________ Date____________________________________________________

Revised 2017/JJ:ng