



## 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:

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

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### COOPERATIVE EDUCATION AGREEMENT

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 \_\_\_\_\_