



University of West Florida  
**Cooperative Education Student Agreement Form**

Employee/Student Trainee \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

**Student, Please read the below RESPONSIBILITIES prior to signing the Training Agreement**

Upon my enrollment, I agree to the following terms and conditions governing the University of West Florida Cooperative Education Program.

**Section I Candidate Understanding Statement**

As a cooperative education candidate, I understand the following:

1. Cooperative Education is an educational program that bridges the gap between classroom theory and the world of work on a paid, academic credit basis.
2. The primary reason for obtaining Cooperative Education is to advance my education and to provide experience. While there is financial remuneration, that is not the main purpose of Cooperative Education.
3. Success in my placement as an Cooperative Education student is by no means guaranteed, and success is dependent on a combination of factors. It may take more than one semester to be placed, and, in some cases, I may not be placed due to various factors beyond my or the Cooperative Education program's control.
4. With regards to the Cooperative Education experience, I will do everything that is asked of me by the Cooperative Education staff. I will also communicate with the Cooperative Education staff on a regular basis, especially regarding any changes in my application status or Cooperative Education student status.

**Section II Candidate Agreement Statement**

As a Cooperative Education candidate, I have read and understand the above text; I understand in order for my enrollment to become active I must agree to the following terms:

1. I agree to release my transcripts, academic records, and resume to the Cooperative Education office for forwarding to prospective employers.
2. I agree to submit to the Cooperative Education office the required registration forms, work plans, reports and other required documentation filled out completely, and on time.
3. I agree to allow a photograph of myself to be placed on my Experiential Education files for in-house ID and verification only.
4. I agree to conduct myself in a professional and ethical manner in my dealings with the Cooperative Education office and all employers.
5. I agree to contact the Cooperative Education office each semester with regard to any change to my listed addresses, email address or phone numbers for both my co-op experience and residence.
6. If I accept an alternating Experiential Education position, I agree to work a minimum of two work terms with the same employer on a full-time basis with a term of full-time academic attendance in between at UWF. I am required to sign up for Experiential Education credit each time that I am working, and I will receive no more than four hours of total credit for all work terms; except with special permission from my academic advisor and the Experiential Education office. While I am registered in an alternating co-op semester, I will not register for academic courses; except with special permission from my academic advisor and the Experiential Education office. While I am registered for full-time course work I will not work

for my cooperative education employer; except with special permission from my academic advisor and the Experiential Education office.

7. Experiential Education incorporates planned periods of work and school. If I accept an alternating position, my absence from the work site during the planned academic semesters is to be considered part of the Experiential Education program and therefore does not qualify me for unemployment compensation.

8. If I accept a parallel Experiential Education placement, I agree to work a minimum of three consecutive work terms of 15-25 hours per week with the same employer. I am required to sign up for one Experiential Education credit each work term and between 9-12 hours of other courses (6-9 hours in summer session) while on the parallel placement; except with special permission from my academic advisor and the Experiential Education office.

9. I agree to remain in the same alternating or parallel work/school sequence unless a scheduling conflict requires a change that has been approved by the Experiential Education director.

10. I agree to give the employer my total commitment for the hours that I am assigned to that employer, whether it is on a parallel or alternating basis.

11. I agree to conform to company policies and procedures and follow safety rules explicitly.

12. I agree to report to work and leave the job on the regularly scheduled dates established by the employer and the Experiential Education office unless special arrangements have been made with the employer and the Experiential Education office.

13. I agree to complete my education as soon as possible by taking the required number of hours while on academic semesters unless it is academically impossible.

14. I agree to complete my degree prior to accepting permanent employment with my Experiential Education employer otherwise approved by the Experiential Education director.

**Candidate:** By signing, I acknowledge that I have read and understand the above terms and conditions. If I am enrolled into the Experiential Education Program, I agree to abide by the policies set forth by The University of West Florida Experiential Education Office.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Experiential Learning Office:** Will provide the student with instruction in job related skills prior to placement, periodically visit the student at the Experiential Education site where geographic location permits; grant credit for completion of successful work period.

Asst. Dir. Experiential Learning Signature \_\_\_\_\_ Date \_\_\_\_\_

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