



CO-OP LEARNING OBJECTIVE FORM

One Stop Center ~ 201-447-7171

Student Name _____ Major _____ Student ID _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Faculty Coordinator _____ Co-Op Course#/Credits _____
 Hours per Week _____ Salary _____
 Employer _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Supervisor _____ Title _____ Date Started _____

Each student must identify learning objectives. In the identification of your objectives, your primary attention should be on the educational benefits of the experience. These objectives must be approved by your faculty coordinator.

JOB-RELATED LEARNING EXPERIENCES

OBJECTIVE I What are you going to accomplish?

How will you measure the achievement of your objective?

OBJECTIVE II What are you going to accomplish?

How will you measure the achievement of your objective?

OBJECTIVE III What are you going to accomplish?

How will you measure the achievement of your objective?

COOPERATIVE EDUCATION AGREEMENT

There are three participants in the Cooperative Education venture. The student agrees to abide by the Cooperative Education guidelines. The employer and the college agree to provide the necessary supervision and counseling to insure that the maximum educational benefit may be achieved from the student work experience. The college will award academic credit for work successfully accomplished.

Student's Signature _____

Supervisor's Signature _____

Coordinator's Signature _____

Date _____