



CONCORDIA

COOPERATIVE EDUCATION LEARNING AGREEMENT

Career Center/Cooperative Education, Academy 110, 901 8th St S. Moorhead, MN 56562 - Phone (218) 299-3492 Fax (218) 299-3572

The **completed** Learning Agreement is due in the Cooperative Ed. Office **no later than two weeks after employment begins** for each term registered.

Name _____ Year in School _____ I.D.# _____ Phone (____) _____ - _____

Email _____@cord.edu Semester: Fall - Winter - Summer Yr _____ Department: _____ Course No. **390** Credit: _____

Campus PO _____ Address _____ City _____ ST _____ Zip _____

EMPLOYER INFORMATION:

Check Each That Apply To This Position: Paid _____ Unpaid _____ Observation Only _____

Employer _____ Supervisor _____ Employer Phone # (____) _____ - _____

Address _____ City _____ St _____ Zip _____ Email _____

TIME GUIDELINES TO BE DEVELOPED JOINTLY BY THE STUDENT AND FACULTY COORDINATOR:

Dates of employment _____ to _____ Hours per week _____ Academic project due date _____

Approximate dates: On-site visit _____ Final conference _____

GOALS/OBJECTIVES:

What do you plan to LEARN from this experience, both on the job and academically?

- A. To reflect on my personal performance
- B. To meet the expectations of my site supervisor
- C. To share my workplace culture with my faculty coordinator (when feasible)
- D. To accomplish 3-6 career-specific goals
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

OUTCOMES: How will EACH Goal/Objective be assessed/evaluated for my final grade?

- A. Preliminary and Final Student Assessments filed with Cooperative Education Office _____%
 - B. Preliminary and Final Employer Supervisor Assessments filed with Cooperative Education Office _____%
 - C. Faculty Coordinator's Site Visit or alternative _____%
 - D. Documentation/Verification plan
 1. _____%
 2. _____%
 3. _____%
 4. _____%
 5. _____%
 6. _____%
- Total _____ 100%

SIGNATURES: _____ Date _____ Faculty Coordinator _____ Date _____ Date Filed _____ Grade due _____

Student _____ Date _____