



Cooperative Education Program Student/Employer Agreement

APPENDIX A

Student: Please complete and provide signature. Return to Ann Gosky @ agosky@kent.edu or call 330-672-8004. For questions contact 330-672-8004.

Student Name: _____ Kent State ID: _____

Student Statement of Understanding

By attaching my signature below, I agree to abide by the following guidelines of the Kent State University Cooperative Education Program:

- I understand that I have satisfied all criteria to participate in the Cooperative Education Program:
 - Minimum cumulative 2.75 GPA
 - Completion of two semesters (one semester for transfer students) at Kent State prior to the first co-op rotation
 - Enrollment as a full-time student
 - Admitted into a degree program (program cannot be fully online)
 - No holds on my record from any source (financial, academic, conduct)
 - Cooperative position directly relates to my major or concentration
- I understand the academic requirements specific to my academic major, and I understand that I am responsible for fulfilling all the requirements for my degree program.
- I understand that when I am engaged in a co-op position I maintain full time student status as long as I am registered for the appropriate co-op course and pay the required fees.
- I agree to conduct myself in an ethical and professional manner in all my interactions with the co-op staff and employers. I understand that as a Kent State student, I am a representative of this institution and all that I do reflects on the university.
- Before I embark on the co-op experience, I understand that I must review and make any needed adjustments to my financial aid, scholarship, student loans and health insurance.
- I understand that failure to abide by this student agreement could result in dismissal from the Cooperative Education Program and a "Not Complete" mark on my student transcript.
- I am to notify my co-op coordinator of any significant changes in my status or issues that arise that would have a direct impact on my performance as a participant in the Cooperative Education Program.
- I will return my Student Performance Evaluation, completed by my employer/supervisor, to my co-op coordinator , mid-point and at the end of my co-op assignment.
- I understand that as long as I receive a "Complete" mark for this co-op, I fulfill my Experiential Learning Requirement (ELR).

I have read, understand and agree to accept all elements of this cooperative education contract.

_____	_____
Student Signature	Date

I have verified that the above-mentioned student fulfills the criteria for eligibility in a co-op position, and I approve the student's participation in the Cooperative Education Program.

_____	_____	_____
Co-op Coordinator (print name)	Co-op Coordinator Signature	Date



Cooperative Education Program Student/Employer Agreement

Student Information

Current Mailing Address: _____

Kent State E-mail: _____

Home Phone: _____

Cell Phone: _____

Address During Co-Op Semester: _____

Work Phone: _____

Student Academic Information

Major(s): _____ College: _____

Concentration(s): _____ Overall GPA: _____

Class Standing: Freshman Junior
 Sophomore Senior

Major GPA: _____

U.S. Citizen: Yes No

Expected Date of Graduation: _____

Co-Op Organization Information

Organization Name: _____ Contact Person: _____

Street Address: _____ Title: _____

City: _____ Phone: _____

Zip, State: _____ E-mail: _____

Co-Op Work Information

Co-Op Job Title: _____ Hourly Pay Rate: _____

Start Date: _____ Hours Per Week: _____

End Date: _____

Work Hours: Day Evening/Night Weekend
 (Check all that apply)

Duties/
 Responsibilities: (Attach Job/Position Description) _____

The information is accurate to the best of my knowledge. If there is a change to any of the above information during the course of my contract, I will notify my co-op coordinator as soon as possible.

_____ Student Signature _____ Date



Cooperative Education Program Student/Employer Agreement

For International Students Studying on an F-1 Visa

Because the U.S. Citizenship and Immigration Services Office has certain rules that I must follow, I agree to:

1. Obtain and complete information relating to Curricular Practical Training (CPT) for F-1 Students.
2. Bring the signed contract, position description, Employer Statement of Understanding and completed CPT form, AFTER it has been signed by me, by my employer and by my co-op coordinator to the International Student Advisor BEFORE I begin my co-op assignment. This step is necessary so that the International Student Advisor may authorize my Form I-20 for CPT.

I have read, understand, agree to and accept all the elements of this a.

Student Signature

Date

International Student Advisor Signature

Date

Employer Statement of Understanding

Dear Employer:

We are pleased to learn that your organization has extended an offer of co-op employment to _____ for the _____ term.

To help ensure the interests and promote the benefits of the co-op arrangement, we have developed the following **Employer Statement of Understanding**.

By signing this Statement of Understanding, the cooperating employer agrees to accept the following responsibilities related to its participation in the Cooperative Education Program at Kent State University:

- To provide meaningful employment related to the student's field of study, enhancing, supplementing and using his/her background and education. The work assignment will challenge the student's educational and professional development.
- To place the student under the supervision of a qualified manager who can provide effective guidance during the co-op work term and assist the student in adjusting to the work environment.
- To provide a safe and professional work environment, ensuring that the student has the training, equipment, supplies and space necessary to perform his or her duties.
- To communicate clearly to the student your organizational policies and professional standards of conduct.
- To state that the employer is an equal opportunity employer, and offers employment without regard to race, color, gender, religion, national origin, age, sexual orientation, disability or veteran status.
- To appropriately maintain the confidentiality of student information.
- To provide a mid-term and final evaluation of the student's work.

Terms of Cooperative Education Program Arrangement

A co-op arrangement for each student will be a period agreed upon by the student, the cooperating employer and Kent State University. Should the employer become dissatisfied with the performance of a student, it may request termination of the co-op arrangement. Termination should occur only after the Cooperative Education Program coordinator has been notified in advance of employer's dissatisfaction with the student's performance, and a satisfactory resolution cannot be obtained. Conversely, the academic department of the student may request termination of the arrangement for any student not complying with department guidelines and procedures of the co-op program, or if the employer does not uphold the responsibilities listed above, as long as the employer has been notified in advance and satisfactory resolution cannot be obtained.

Employer Representative Signature

Date