



LEARNING AGREEMENT
for Cooperative Education/Internship
Work Term: _____

_____ semester & year

_____ course no./credit hrs.

STUDENT:

Home Phone: _____

EMPLOYER:

Work Phone: _____

STATEMENT OF COOPERATION: The **employer** agrees to provide supervised work which complements the student's educational and career goals. **Madonna University** will provide academic preparation, advising, and direction to ensure that the student receives appropriate educational benefits from this work experience. The **faculty advisor** will consult with the employer regarding the students's job performance, and grant credit for successful completion of the work assignment. **The student** will register for credit and comply with the Cooperative Education program's guidelines and regulations.

STATEMENT OF LEARNING OBJECTIVES: With assistance from the faculty advisor, the student will determine the learning opportunities possible on the job **each semester** he/she is registered for Cooperative Education/Internship credit and will formulate three to five job-related learning objectives. The objectives must be **specific, measurable, attainable** and **approved** by both the faculty advisor and work supervisor.

PLEASE BE SURE TO INCLUDE A METHOD OF EVALUATION FOR EACH OBJECTIVE. Some examples of how Learning Objectives are evaluated are:

- A. Paper submitted to Co-op Faculty Advisor
- B. Notations in Journal
- C. Demonstration to Co-op Faculty Advisor
- D. Verbal description to Co-op Faculty Advisor
- E. Portfolio
- F. Test
- G. Employer statement/assessment
- H. Other

JOB-RELATED LEARNING OBJECTIVES

METHOD OF EVALUATION

1. _____

2. _____

3. _____

4. _____

5. _____

1. _____

2. _____

3. _____

4. _____

5. _____

SUBMISSION DATES FOR:

Midterm Journal, _____ Final Journal, _____ Other _____

The undersigned agree with the validity of the job-related learning objectives and accept the responsibilities delineated in this agreement.

Student Date

Faculty Advisor Date

Supervisor Date

Career Services Coordinator Date

RETURN THE SIGNED COPIES TO: Career Services Office, Room 1001
This form must be submitted no later than three weeks into the term or by the third week of employment.
Students should meet with their faculty advisor to complete form.