

# COOPERATIVE EDUCATION

## STUDENT AGREEMENT AND RELEASE FORM

### AGREEMENT

- I understand that Cooperative Education is an academic course at the University of North Dakota for which academic credit is awarded. I acknowledge that **I must register in Campus Connection and pay tuition for the appropriate Cooperative Education course.**
- Having accepted a Co-op position and registered for the course, **I will complete the forms required for the course. The original completed forms will be returned to the Biology Faculty Coordinator at the beginning of the Fall semester, with a copy given to the Career Services office in McCannel Hall, Room 280.**
- I will abide by the rules and regulations of the employer and of the University.
- I will not terminate, or arrange with my Co-op employer to be released from my job, without prior approval from my academic department.
- I will make no false statements or withhold any pertinent information in my documentation for the Co-op experience.
- I will, to the best of my ability, be responsible for carrying out the performance of assigned duties and academic requirements of each semester of Co-op registration. **I understand that academic credit is given through my Faculty Co-op Coordinator when the term is completed to the satisfaction of my academic department.**
- I understand I may not qualify for unemployment benefits for the position for which I am employed as a Co-op student. **My employment is based upon my status as a Co-op student and I obtain no right to further employment in my position once my status as a Co-op student ends.**
- I understand that once I accept a Co-op experience, if I do not register for academic credit for Cooperative Education during the regular registration period, **I am responsible for contacting my academic department regarding late registration.**

### RELEASE

- I understand that information pertaining to my Co-op experience will be used only for statistical purposes by the University of North Dakota.

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Career Services, McCannel Hall, Room 280  
or send by intercampus mail to Career Services, Stop 9014

November 2018

# COOPERATIVE EDUCATION DEPARTMENTAL RECOMMENDATION

**STUDENT:** Please fill out this section, print out your unofficial transcript from Campus Connection and submit, along with this form, to your Faculty Co-op Coordinator.

Faculty Co-op Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Part-Time (1 Credit)    Full-Time (2 Credits)    Fall    Spring    Summer   Year 20\_\_\_\_\_

**FACULTY CO-OP COORDINATOR:** Please complete the following Academic Recommendation

1. This student has completed enough courses to be considered of sophomore standing.  
 yes    no
2. This student is carrying a cumulative GPA of at least 2.0.    yes    no
3. This student has completed a minimum number of courses recommended by your department.  
 yes    no
4. This student meets the standards normally required by your department to register for Co-op.  
 yes    no

If no, please justify special permission:

5. What is your recommendation for this student with regard to doing a Co-op experience?  
 recommend    do not recommend

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Career Services, McCannel Hall, Room 280  
or by intercampus mail to Career Services, Stop 9014

# UNIVERSITY OF NORTH DAKOTA AGREEMENT FOR COOPERATIVE EDUCATION

The purpose of this agreement is to assure that there is a joint understanding of goals and objectives of the Cooperative Education Program. This agreement must be approved by all participants and returned to the Cooperative Education Office.

## STUDENT

I request that the job stated in this agreement be approved as Cooperative Education employment for the Co-op work term from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date). I understand that the Cooperative Education staff may contact the employer to verify my employment and that, upon departmental approval of this job, I am subject to University supervision and regulations of Cooperative Education. I will remain a registered Cooperative Education student and will submit completed forms, describing my activities to the Co-op Office.

I will abide by the policies that govern my employer and the Co-op program. I understand I may not qualify for unemployment benefits for the position for which I am employed as a Co-op student, Federal Unemployment Tax Act of 1971, Internal Revenue Code Section 3306 (c) 10 (c). If I continue in this position I will continue to register for Co-op credit for subsequent semesters.

Student Name (Please Print) \_\_\_\_\_ Student

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

## EMPLOYER

I understand that the employee stated above will be registered as a Cooperative Education student at the University of North Dakota. I will employ the student in the position stated under the same working conditions and rules that govern other employees, and will provide job supervision and varied work experiences. I agree to complete two student evaluation forms during this time period (one form for summer sessions) and allow visitation at the request of the University.

We will not discriminate on the basis of sex, race, color, religion, national origin, age, or handicap in our employment policies.

Work Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Employer Title \_\_\_\_\_ Department \_\_\_\_\_

## UNIVERSITY

The Cooperative Education staff and departmental faculty approve of the job stated in this agreement for Cooperative Education enrollment and will assist the student and the employer during the work term with matters relating to Cooperative Education and evaluation of the student.

Faculty Co-op Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Career Services Staff \_\_\_\_\_ Date \_\_\_\_\_

# HOW TO WRITE YOUR JOB-RELATED OBJECTIVES

One of the main keys to the successful completion of your Cooperative Education work experience is the development of valuable, clearly stated, personalized objectives. By preparing solid objectives, you will meet the overall goals of your Cooperative Education experience, which are:

1. To allow you to obtain exposure or growth in a career position of interest to you.
2. To help you relate the experience you have during your Co-op experience to your career interest and to your classroom instruction.

Your objectives may vary according to your career interests, your age, your past experiences, your needs and abilities, and most of all, your desire to grow.

Below are examples of well-developed objectives. In each case, the same objective is stated in two different ways. In the "Under-Developed" column the objective is either too general or not sufficiently measurable. In the "Well-Developed" column the same objective has been stated clearly in a manner that is specific, reasonable, achievable, and measurable.

## **UNDER-DEVELOPED**

- A. I will learn to design a better manufacturing robot for my company.
- B. I will learn the overall operations of XYZ Company.
- C. I will efficiently learn to use the inventory scanner.
- D. I will learn as much as I can about treatment for breast cancer.

## **WELL-DEVELOPED**

- By March 15, I will develop a schematic and cost estimates for my supervisors review and decision to assist in designing a manufacturing robot.
- By April 30, I will have an overview of operations at XYZ Company including knowledge of all aircraft, standard operating procedures, flight operations, and dispatch.
- By June 15, I will be able to correctly operate the inventory scanner. This includes both charging items and voiding items (errors) as evidenced by one or fewer errors per month.
- By September 30, I will become familiar with the different chemotherapy regimens used for cancer patients. I will research the protocols for breast cancer and lung cancer, and the underlying pathophysiology, side effects, and toxicity.

# COOPERATIVE EDUCATION STUDENT JOB-RELATED OBJECTIVES

Name: \_\_\_\_\_ Major: \_\_\_\_\_  
(please print or type)

Objective planning is important so that you may operate in your job/position with direction and purpose. Organized and well-written objectives include the following points:

1. What you are planning to accomplish.
2. How and when you are planning to accomplish it.
3. How you will measure the achievement of your objectives. (Examples found on the following page).

OBJECTIVE 1:

OBJECTIVE 2:

OBJECTIVE 3:

OBJECTIVE 4:

OBJECTIVE 5:

**RETAIN A COPY OF THESE OBJECTIVES!** You will refer to them in a later report.

We, the undersigned, agree that the stated objectives are worthwhile and appropriate.

_____	_____	_____
Student	Work Supervisor	Faculty Co-op Coordinator
_____	_____	_____
Date	Date	Date

## STUDENT MID-TERM PROGRESS REPORT

Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_  
(first) (middle initial) (last)

Major: \_\_\_\_\_ Employer: \_\_\_\_\_

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1. Describe any new activities performed on your job.

2. What new learning experiences have you had? What new skills, knowledge, or training have you gained from these activities?

3. What have you learned in your classes that you have been able to apply or observe on the job?

4. What problems have you encountered on your job? (Difficulties, mistakes made, etc.) Have you discussed them with your work supervisor? How have you handled them? How can your Departmental Faculty Co-op Coordinator or the Career Services office help you? Do you need extra help?

5. Do you feel qualified in the area in which you have been working? What skills or knowledge could help you in performing your job better?

6. What other learning experiences would you like to have in the time remaining on your job? Have you discussed this with your work supervisor?

7. Additional comments:

# COOPERATIVE EDUCATION STUDENT FINAL REPORT

Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_  
(first) (middle initial) (last)

Major: \_\_\_\_\_ Employer: \_\_\_\_\_

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Using a copy of your original Job-Related Objectives, please report on your progress. This report should be discussed with your work supervisor before leaving the work site and with the Faculty Co-op Coordinator when you return to campus.

## **Objective 1**

How Accomplished:

To What Extent Accomplished:

## **Objective 2**

How Accomplished:

To What Extent Accomplished:

## **Objective 3**

How Accomplished:

To What Extent Accomplished:

## **Objective 4**

How Accomplished:



To What Extent Accomplished:

**Objective 5**

How Accomplished:

To What Extent Accomplished:

**Please provide responses to the following questions:**

1. Why were you able to accomplish some learning objectives so effectively?

2. What learning objectives were you unable to accomplish and why?

3. Comments:

**UNIVERSITY OF NORTH DAKOTA  
COOPERATIVE EDUCATION  
STUDENT EVALUATION/EXIT INTERVIEW FORM**

*Please print*

**STUDENT INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
          First                      Middle Initial                      Last

Address and phone number where you can be reached:

\_\_\_\_\_ (    ) \_\_\_\_\_  
          Street                      City                      State    Zip                      Phone

**EMPLOYER INFORMATION**

Company Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Were you offered a permanent position after your Co-op?     Yes             No

Did you accept?             Yes             No

Have you changed your career plans due to your Co-op experience?

Yes            Why? \_\_\_\_\_  
 No

Have you changed majors due to your Co-op experience?

Yes            From: \_\_\_\_\_ To: \_\_\_\_\_  
 No

**Please answer the following questions. If they do not apply to your situation, choose Not Applicable (N/A) as your answer.**

**Career Services Evaluation**

1. Of the following services available through Career Services, please indicate how effective each was in assisting you with your Co-op experience:

	Highly Effective	Effective	Ineffective	Highly Ineffective	N/A
a. Availability to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Resume/Cover Letter Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Job Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Comments:

## ACADEMIC DEPARTMENT EVALUATION

1. Please indicate how effective your academic department and Faculty Co-op Coordinator were in assisting you with your Co-op experience:

	Highly Effective	Effective	Ineffective	Highly Ineffective	N/A
a. Explanation of how credit will be awarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explanation of Co-op fits into your degree requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explanation of course requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Availability to answer questions/sign papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Comments:

## EMPLOYER EVALUATION

1. Please indicate how effective your employer/supervisor was in facilitating your Co-op experience:

	Highly Effective	Effective	Ineffective	Highly Ineffective	N/A
a. Explanation of job requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supervision of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality of learning experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were you given the opportunity to become more involved in new, expanded responsibilities?

3. Comments:

## STUDENT EVALUATION

1. What were your expectations as you entered your Co-op experience?
2. In general, has your work experience lived up to your expectations? Why or why not?
3. What would you cite as the major strength(s) of doing a Co-op experience?
4. What would you cite as the major weakness(es) of doing a Co-op experience?
5. Would you recommend this employer to other students?
6. Would you recommend this experience to other students?

# EMPLOYER'S MID-TERM EVALUATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Mail to: UND Career Services  
 2891 2<sup>nd</sup> Ave. N. Stop 9014  
 Grand Forks, ND 58202-9014

INSTRUCTIONS: The student's work supervisor should complete this form and discuss it with the student near the middle of the work term. More frequent counseling with or without the form is encouraged to enhance communication regarding the student's performance and to facilitate student development during the course of the work term. If you have not had the opportunity to observe the skill/performance asked, please select N/A

PERFORMANCE RATING				
Exceeds Standards	Meets Standards	Needs Improvement	Unsatisfactory	N/A

SKILL (please check appropriate response)

1. Able to speak and communicate well	_____	_____	_____	_____	_____
2. Possesses necessary technical knowledge and skill	_____	_____	_____	_____	_____
3. Adapts to changing work assignments and situations	_____	_____	_____	_____	_____
4. Able to cooperate and work well with other people	_____	_____	_____	_____	_____
5. Able to prepare written communication	_____	_____	_____	_____	_____

PERFORMANCE

6. Listens and carries out instructions	_____	_____	_____	_____	_____
7. Works effectively without close supervision	_____	_____	_____	_____	_____
8. Meets deadlines and schedules	_____	_____	_____	_____	_____
9. Produces acceptable quality work	_____	_____	_____	_____	_____
10. Produces acceptable quantity work	_____	_____	_____	_____	_____

JUDGEMENT

11. Demonstrates ability to make decisions or seek help	_____	_____	_____	_____	_____
12. Shows problem-solving ability	_____	_____	_____	_____	_____

PERFORMANCE RATING				
Exceeds	Meets	Needs		
Standards	Standards	Improvement	Unsatisfactory	N/A

ATTITUDE

13. Accepts responsibility and is a self-starter	_____	_____	_____	_____	_____
14. Exhibits interest and enthusiasm about the job	_____	_____	_____	_____	_____
15. Maintains appropriate dress and grooming habits	_____	_____	_____	_____	_____
16. Maintains good attendance and tardiness record	_____	_____	_____	_____	_____
17. Adheres to organization regulations	_____	_____	_____	_____	_____

COMMENTS

Additional comments about performance and/or areas for improvement:

Evaluation has been discussed with student? \_\_\_\_\_ Yes \_\_\_\_\_ No

May this evaluation be used by the student as a reference for future employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisor's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYER'S FINAL EVALUATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Mail to:           UND Career Services  
                       2891 2<sup>nd</sup> Ave. N. Stop 9014  
                       Grand Forks, ND 58202-9014

INSTRUCTIONS: The student's work supervisor should complete this form and discuss it with the student near the middle of the work term. More frequent counseling with or without the form is encouraged to enhance communication regarding the student's performance and to facilitate student development during the course of the work term. If you have not had the opportunity to observe the skill/performance asked, please select N/A

PERFORMANCE RATING				
Exceeds Standards	Meets Standards	Needs Improvement	Unsatisfactory	N/A

SKILL (please check appropriate response)

1. Able to speak and communicate well	_____	_____	_____	_____	_____
2. Possesses necessary technical knowledge and skill	_____	_____	_____	_____	_____
3. Adapts to changing work assignments and situations	_____	_____	_____	_____	_____
4. Able to cooperate and work well with other people	_____	_____	_____	_____	_____
5. Able to prepare written communication	_____	_____	_____	_____	_____

PERFORMANCE

6. Listens and carries out instructions	_____	_____	_____	_____	_____
7. Works effectively without close supervision	_____	_____	_____	_____	_____
8. Meets deadlines and schedules	_____	_____	_____	_____	_____
9. Produces acceptable quality work	_____	_____	_____	_____	_____
10. Produces acceptable quantity work	_____	_____	_____	_____	_____

JUDGEMENT

11. Demonstrates ability to make decisions or seek help	_____	_____	_____	_____	_____
12. Shows problem-solving ability	_____	_____	_____	_____	_____

PERFORMANCE RATING				
Exceeds Standards	Meets Standards	Needs Improvement	Unsatisfactory	N/A

ATTITUDE

13. Accepts responsibility and is a self-starter	_____	_____	_____	_____	_____
14. Exhibits interest and enthusiasm about the job	_____	_____	_____	_____	_____
15. Maintains appropriate dress and grooming habits	_____	_____	_____	_____	_____
16. Maintains good attendance and tardiness record	_____	_____	_____	_____	_____
17. Adheres to organization regulations	_____	_____	_____	_____	_____

COMMENTS

Additional comments about performance and/or areas for improvement:

SUPERVISOR'S OVERALL EVALUATION OF STUDENT'S PERFORMANCE

(Please circle one appropriate response)

<b>Exceptional Performance</b>	Student exceeded all expectations
<b>Very Good Performance</b>	Student performed as well or better than expected
<b>Average performance</b>	Student performed satisfactorily, though some improvement is needed in one or several areas
<b>Marginal Performance</b>	Student requires substantial improvement in one or several key areas

Evaluation has been discussed with student? \_\_\_\_\_ Yes \_\_\_\_\_ NO

May this evaluation be used by the student as a reference for future employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisor's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_