

MARYGROVE COLLEGE INTERNSHIP or COOPERATIVE EDUCATION LEARNING CONTRACT

	Date
Student Name	ID
Major	Advisor
Employer	
Address	
Work Supervisor	Title
Supervisor Telephone	Supervisor Email
Current Semester Fall Wint	Spring/Summer 20
Also included should be elements to increase. 1.	ould include some application of academic principles to practical work experiences. e overall professional development
3	
4	
5	
Major duties and responsibilities: (to be o	mpleted by Work Supervisor or Job Development Coordinator)
Hours per week:	Number of credits:
Signature of Student	Date
Signature of Faculty Supervisor	Date
Signature of Work Supervisor	Date
Signature of AACS Director	Date
work and must turn in the completed <i>Emp</i> learning received and the <i>Student Evaluat</i>	op assignment, all co-op students complete the number of agreed-upon hours of yers Evaluation form, A 2 to 3 page reflection paper outlining their experiences and n form. All three must be forward to the Job Development Coordinator no later g the semester their co-op experience takes place. Copies: Student Job Developer