Semester: _____

Odessa College
Cooperative Education Training Station Agreement

Student Name: _____ **SSN:** _____
(Please Print)

Major: _____ **Training Station Start Date:** _____

Employer (Company Name): _____

Employer Street Address: _____

Employer Mailing Address: _____

Company Phone No: _____

Supervisor's Name: _____ **Phone No.:** _____
(Please Print)

Training Agreement

This agreement recognizes your willingness to partner with Odessa College by providing a training station for a student enrolled in a technical program.

The supervisor, co-op faculty coordinator, and student will work together to determine five (5) workplace objectives that will allow the student to use technical skills acquired in the classroom on the job. Achievement of these objectives will be considered as a major portion of the grade earned for the cooperative education course. This includes satisfying 320 training station hours.

It is understood that this agreement does not necessitate permanent or full-time employment upon completion of the program. This document is not a legal contract and may be terminated at the discretion of the employer or the co-op program representative.

_____ _____
Student Signature **Date** **Supervisor Signature** **Date**
(Please attach business card)

_____ _____
CE Faculty Signature **Date** **Co-Op Program Manager** **Date**