

Career Services ■ Quinsigamond Community College
COOPERATIVE EDUCATION LEARNING AGREEMENT

Student Name: _____ Course No.: _____ Co-op Faculty Advisor Name: _____

Place of Employment: _____

<u>OBJECTIVE</u>	<u>ACTIVITY</u>	<u>EVALUATION</u>
<ul style="list-style-type: none">• Identify what you will learn: Academic knowledge, workplace competencies, and new skills. <p>1. _____ _____ _____</p> <p>2. _____ _____ _____</p> <p>3. _____ _____ _____</p> <p>4. _____ _____ _____</p> <p>5. _____ _____ _____</p>	<ul style="list-style-type: none">• How will you learn it? Activities you undertake to reach your goals. <p>1. _____ _____ _____</p> <p>2. _____ _____ _____</p> <p>3. _____ _____ _____</p> <p>4. _____ _____ _____</p> <p>5. _____ _____ _____</p>	<ul style="list-style-type: none">• How will the outcome be documented? <p>1. _____ _____ _____</p> <p>2. _____ _____ _____</p> <p>3. _____ _____ _____</p> <p>4. _____ _____ _____</p> <p>5. _____ _____ _____</p>

Signatures:

Student: _____

Date: _____

Co-op Faculty Advisor: _____

Date: _____