

Dallas County Community College District
INTERNSHIP/PRACTICUM/COOPERATIVE EDUCATION
Training Station Agreement

Program Information:

College _____ Course _____ Number _____ Section _____
 Semester _____ Year _____ Today's Date _____
 Major _____ Degree Plan Filed: Yes _____ No _____

Student Information:

Name _____ Home Phone _____
 Email _____ Work Phone _____
 Student ID/SS # _____ Job Title _____

Work Schedule					
Monday	Tuesday	Wednesday	Thursday	Friday	Add'l Hours
_____	_____	_____	_____	_____	_____

Sponsoring Firm _____

Evaluating Supervisor _____ Email _____

Title _____ Phone _____

Address _____ City/Zip _____

Training Agreement:

Three participants (student, supervisor, and instructor/coordinator) in this Internship/Practicum/Cooperative Education venture will cooperate to determine the learning objectives toward which the student will work. Each semester a student enrolls in Internship/Practicum/Cooperative education, it is necessary that new learning objectives be identified. Achievement of the objectives will be part of the basis for the credit and grade which will be earned for work experience. The instructor/coordinator will visit with the student and the evaluating supervisor on the job site each semester. The supervisor assists with the evaluation of the student performance. The instructor/coordinator determines the student's final grade. The student agrees to abide by the guidelines of the Internship/Practicum/Cooperative education program.

 Evaluating Supervisor Date

 Student Date

 Instructor/Coordinator Date