



### Cooperative Education Registration Application

A Cooperative Education Placement course may be required and program specific i.e. CAR 299 or it may be an option offered like COED 199. It provides a planned evaluated work experience related to the students educational objectives for which the student receives academic credit and financial remuneration. Contact hours conversion to credit hours varies check program curriculum. Prerequisite: Consent of Instructor

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

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

Program: \_\_\_\_\_ Advisor/Instructor: \_\_\_\_\_

Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Semester: \_\_\_\_\_

Current Student Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Emergency Contact for Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Company Contact & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Work Schedule (Day & Hours): \_\_\_\_\_ Hours per Week: \_\_\_\_\_

BCTC is an equal opportunity employer and education institution.

## MEMORANDUM OF AGREEMENT

This agreement is made between \_\_\_\_\_ (student and employer) and Bluegrass Community & Technical College.

The purpose of this agreement is to provide students, instructors and participating companies a clear understanding of their roles and expectations as a party to the Practicum.

### **THE STUDENT AGREES TO:**

- Be courteous and considerate of the company, co-workers and others.
- Keep the company's interest in mind and be punctual, dependable and loyal.
- Notify the company and your instructor as soon as possible if unable to attend the work site.
- Complete the monthly Student Performance Reviews with earned hours worked, and answer the questions. Submit the forms on or before the specified deadlines.
- Update your resume at the end of the term and submit the resume electronically to the coop coordinator.
- Conform to the policies and regulations of the Company.
- Register for the Practicum and complete any required paperwork or electronic surveys.
- Maintain a satisfactory performance level on the job.
- Abide by the Training Plan Agreement developed by the instructor and employer.

### **THE INSTRUCTOR, ON BEHALF OF THE COLLEGE, AGREES TO:**

- Prepare, with the help of the employer, a Training Plan Agreement.
- Revise the Training Plan Agreement as needed to enhance the student's work experience.
- Contact the student and employer during the Practicum to determine instructional needs and to insure that the student receives job training and supervision as well as variety of job experience.
- Recognize that some of the information gathered at the company may be confidential.

### **THE EMPLOYER AGREES TO:**

- Take an active part in the training and supervision of the student while providing relevant work experience in the student's field of study in accordance with the Training Plan Agreement. Students may only work days and hours as outlined in agreement.
- Assist the instructor in evaluating the student's performance on the job by completing the Midterm Company Performance Review at midterm and the Final Company Performance Review by the last day of the term. (Complete electronic surveys)
- Avoid subjecting the student to unnecessary or unusual hazards.
- Notify the instructor or co-op coordinator immediately in case of accident, sickness or any other serious problems that require medical attention.
- Permit and expect the coop coordinator to visit and/or contact the employer to discuss the progress of the student and /or observe the student on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, and general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, national origin, sex, disabilities, religion, marital status or age.



Coop Time Sheet Completed Dates and Hours

A copy of this sheet should be faxed or emailed to the instructor each week by the student

Students Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Coop Start date: \_\_\_\_\_

Coop End Date: \_\_\_\_\_

	Mon.	Tue.	Wed.	Thur.	Fri.
Date					
Hours Worked					

Employers Remarks On students appearance, attitude, cooperation, initiative, performance, and work production:

---

---

---

---

---

---

---

---

---

---

I verify that this is an accurate statement of the student's attendance and evaluation.

Employers Signature: \_\_\_\_\_

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

BCTC is an equal opportunity employer and education institution.

Pre-Coop Site Safety Visit

Student	Company
Program	Company Address

- Clean and orderly work area/shop
- Current Right to Know SDS Sheets and procedures provided for employees
- Proper PPE is provided for employees
- Fire Extinguishers proper type, proper location, adequate # and maintained
- Illumination is safe sufficient and well placed
- Ventilation is adequate
- Machines are properly guarded and comply with safety codes are in safe working order
- Eye wash stations are available and in working order
- Emergency exits are clearly marked
- Evacuation and emergency plans are in place
- Hazardous materials are properly stored and marked
- First aid kits are adequately stocked and provided in work area
- Inform site student must have safety orientation.

I have found the above named organization meets the standards of safety and requirements needed to place this student in practicum work experience.

\_\_\_\_\_  
BCTC Representative

\_\_\_\_\_  
Date