

COOPERATIVE EDUCATION TRAINING PLAN

This training plan is to document the intent of the sponsor to work with the student a period not less than twenty (20) hours per week for sixteen (16) weeks or an equivalent of 320 working hours. It also suggests training areas or topics that will benefit and expand the student's skills.

Student Name

Student I.D. Number

Company

Department

Company Address

Training (Work) Supervisor: _____

Training (Work) Period: From _____

To _____

Wage or Salary (Base) _____

Per _____

Training objectives for completion during the student's Co-op Work Period:

1. **I will attend one (1) job fair for employment and submit a short report on the results on or before the end of the academic semester.**

2. _____

3. _____

4. _____

5. _____

This document is not a legal contract and may be terminated at any time by either party for just cause or reasonable need.

Student Signature

Training Supervisor

Program Instructor/Coordinator

Director of Cooperative Education