☐ A/R
☐ C/S

Suffolk
COUNTY COMMUNITY COLLEGE

COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM

This form is an agreement between the site, Suffolk County Community College (SCCC), and the student. Any party may terminate the agreement after discussion with other parties.

The site supervisor agrees to:

1. designate an individual to supervise the student and to serve as liaison between the site and the college's representative;
2. provide training experiences for the student;
3. respects SCCC's human resource guidelines that dictate all sites be equal employment/affirmative action environments, do not discriminate against any person because of race, color, religion, sex, age, marital status, sexual preference, national origin, or handicap, except as such conditions may constitute bona fide occupational or assignment qualifications;
4. evaluate the student's performance using an evaluation form provided by the college;
5. maintain open lines of communication with the college's representative;
6. maintain a supervisory relationship with the student for the duration of _____ internship hours.

The college agrees to:

1. provide an internship coordinator to establish leads, initiate contact with potential sites, and evaluate sites for appropriateness as an internship site;
2. support the student in the process of securing an internship;
3. provide classroom instruction in the student's degree field paired with professional development education;
4. provide area faculty to monitor the progress of the student, both in the field and in the classroom, thereby enabling the determination of a grade for student performance;
5. develop, with the student, a series of well-planned learning/performance objectives which commensurate with the goals of the student's degree field;
6. award college credit for successful job performance and completion of related course work.

The student agrees to:

1. be enrolled and participate in an internship course for _____ semester;
2. immediately inform the internship coordinator of any problem or changes in status (where possible, adjustment may be made);
3. abide by the regulations and policies of both SCCC's student handbook and employer;
4. purchase accident and liability insurance from SCCC;
5. submit time logs indicating accrual of _____ hours.

STUDENT NAME_____DATE_____

STUDENT I.D. #_____HOME TELEPHONE #_____

CURRICULUM NAME_____CODE_____

EMPLOYER_____SUPERVISOR_____

EMPLOYER ADDRESS_____

TELEPHONE #_____FAX #_____

POSITION TITLE_____

PAID_____UNPAID_____HOURS PER WEEK_____IF PAID, SALARY_____

BRIEF DESCRIPTION OF DUTIES AND START DATE_____

_____

_____

SPECIAL ARRANGEMENTS_____

_____

We agree to comply with the conditions of the agreement.

_____ _____

EMPLOYER'S SIGNATURE DATE

_____ _____

STUDENT'S SIGNATURE DATE

_____ _____

FACULTY'S SIGNATURE DATE

_____ _____

INTERNSHIP COORDINATOR'S SIGNATURE DATE

1st Copy (white) – File; 2nd Copy (Yellow) – Employer; 3rd Copy (Pink) – Student
12/07 sccc Form #2561-12