

## STUDENT COOPERATIVE EDUCATION AGREEMENT

**Student:**

*Please complete, sign, and return the Co-op Agreement to the computer science department secretary, Deb Ferullo, Hemenway Hall 212 or fax to (508)626-4746 or email dferullo@framingham.edu. Questions? Call Deb Ferullo at (508) 626-4712.*

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
**Concentration in**  **Computer Science**  **General Studies**  **Information Systems**

### Student Statement of Understanding

By attaching my signature below, I agree to abide by the following guidelines of the Cooperative Education Program:

- I understand that I must be in good academic standing to participate in the Cooperative Education Program and gain approval from my department faculty before participating in co-op. He/she will evaluate my readiness for this program.
- I agree to read and understand the guidelines and academic requirements specific to my academic major for this experience. I understand that I am responsible for making certain that I fulfill all the requirements of my department.
- I understand that when I am engaged in a co-op position, I will register for the appropriate co-op course in my department and pay the required tuition. During the following semester, I will register for the appropriate number of credits to complete the academic requirements as determined by my department.
- I understand that the cooperative education coordinator and faculty will offer guidance and assistance during my job search process and I agree to take responsibility for applying and interviewing for available positions. The Cooperative Education Program does not guarantee placements.
- I agree to provide the Cooperative Education Coordinator with accurate and current employer contact information and descriptions of the co-op jobs/projects that I am considering. He/she, along with the faculty, will judge the technical and quality content of these opportunities.
- I agree to conduct myself in an ethical and professional manner in all my interactions with the faculty and employers. I understand that as a Framingham State University student, working under the guidance of the faculty, I am a representative of this institution and all that I do reflects on Framingham State.
- I understand that once I have accepted a co-op position, I will not continue to seek alternate co-op employment for that same co-op work session.
- I agree to facilitate the arrangements for a site visit by my faculty or co-op coordinator, if a visit is requested or required. I understand that the co-op coordinator will monitor my co-op work experience to ensure that my needs, as well as those of the employer, are being met.
- I understand that any requests for change of placement must be discussed and reviewed with my employer/on-site supervisor, the co-op coordinator and faculty.
- I agree to complete in a timely fashion all the academic cooperative education work term requirements, including the submission of performance evaluations, journal and written assessments.
- Before I embark on the co-op experience, I understand that I must review and make any needed adjustments to my financial aid, scholarship, student loans and health insurance.

- I understand that failure to abide by this student agreement could result in dismissal from the Cooperative Education Program.
- I understand that I must keep a weekly journal while on co-op to document my experience.
- In order to receive a grade for my transcript, I will provide the co-op coordinator with a paper summarizing my experience and relating it to my course work.

**FOR STUDENT:** *Please sign below*

I have read, understand, and agree to accept all elements of this cooperative education contract.

---

Student Signature

Date

**FOR Cooperative Education Coordinator or STUDENT FACULTY ADVISOR:** *Please sign below*

I have verified that the above mentioned student is in good academic standing and I approve their participation in the Cooperative Education Program in the Computer Science Department.

Student's Current GPA: \_\_\_\_\_

---

Faculty Advisor Name (Please Print Clearly)

---

Faculty Advisor Signature

Date

**FOR INTERNATIONAL STUDENTS STUDYING AT FRAMINGHAM STATE ON AN F 1 VISA:**  
*Student and Advisor sign below*

Because the U.S. Citizenship and Immigration Services office (USCIS) has certain rules that I must follow, I agree to:

1. Obtain and complete information relating to Curricular Practical Training (CPT) for F-1 Students.
2. Bring this signed contract, position description, Employer Statement of Understanding and completed CPT form, AFTER it has been reviewed and signed by me, by my employer and by my Faculty Co-op Advisor to the International Student Advisor BEFORE I begin my co-op assignment. This step is necessary so that the International Student Advisor may authorize my Form I-20 for CPT.

I have read, understand, agree to and accept all the elements of this contract.

---

Student Signature

Date

---

Signature of International Student Advisor

Date

## Student Application

*Student, please print clearly and sign below*

### Student Information

Student Name		Today's Date:	
	HOME/PERMANENT	SCHOOL	While on Co-op
Mailing Address			
Home Phone			
Cell Phone			
Work Phone			
Email			
Academic Major:	Computer Science	Current Overall GPA:	
Faculty Advisor:			
Co-op Faculty Advisor (if different):			
Concentration (check): <input type="checkbox"/> Computer Science General Studies <input type="checkbox"/> Information Systems			
Expected Date of Graduation (month/year):			
US CITIZEN: YES    NO		TYPE OF VISA:                      PERMANENT RESIDENT:    YES    NO	

**I have attached the following documents to this application:**

- \_\_\_\_\_ **Statement of Understanding**
- \_\_\_\_\_ **Resume**
- \_\_\_\_\_ **Letters of recommendation from:**
  - \_\_\_\_\_ **Former Employer**
  - \_\_\_\_\_ **Former Faculty**
  - \_\_\_\_\_ **Other**
- \_\_\_\_\_ **Transcript**

**What kind of cooperative Experience are you looking for?**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Programming</b><br><input type="checkbox"/> <b>HelpDesk</b><br><input type="checkbox"/> <b>Quality Assurance</b><br><input type="checkbox"/> <b>Communications</b> | <input type="checkbox"/> <b>Web Design</b><br><input type="checkbox"/> <b>Database</b><br><input type="checkbox"/> <b>Networking</b><br><input type="checkbox"/> <b>Other :</b> _____ |
|--|---|

**COOPERATIVE EXPERIENCE #1 \_\_\_\_\_ or #2 \_\_\_\_\_**
**Student Information**

Student Name		Today's Date:	
	HOME/PERMANENT	SCHOOL	While on Co-op
Mailing Address			
Home Phone			
Cell Phone			
Work Phone			
Email			

**Company Information**

Company Name	
Division	
Address	
Web Site	

**Company Co-op Supervisor**
**Human Resources Representative**

Name		
Title		
Work Phone (include extension)		
Fax		
Email		

**Position Information**

Job title			
Start/end dates	Start:	End:	
Status	Full-Time	Part-Time	Indicate # hours/week:
Hourly Wage			
Estimated total hours for contract period			

**This information is accurate to the best of my knowledge. If there is a change to any of the above information during the course of my contract, I will notify my co-op coordinator and my faculty advisor as soon as possible.**

---

 Student Signature

Date

## Employer Statement of Understanding

**Employer:**

1. Please review the entire statement, terms of the agreement, and attach your signature on the next page.
2. Complete and/or attach a full position description for the student employee.
3. Return all forms to the student for submission to the Computer Science Department, Framingham State University, 220 Hemenway Hall, 100 State St. Framingham, MA 01701 fax: 508-626-4746
4. If you have any questions regarding this information, please contact the Computer Science Cooperative Education Coordinator at (508) 626-4721.

Dear Employer:

We are pleased to learn that your organization has extended an offer of co-op employment to \_\_\_\_\_ for the \_\_\_\_\_ term.

To help ensure the interests and promote the benefits of the co-op arrangement, we have developed the following Employer Statement of Understanding.

**By signing this Statement of Understanding**, the cooperating employer agrees to accept the following responsibilities related to its participation in the Cooperative Education Program at Framingham State University:

- To provide meaningful employment related to the student's field of study, enhancing, supplementing, and using his/her background and education. The work assignments will challenge the student's technical, educational, and professional development.
- To provide work of increasing technical involvement and responsibility in keeping with the student's educational progress.
- To place the student under the supervision of a qualified manager who can provide effective guidance during the co-op work term and assist the student in adjusting to the work environment.
- With the student, jointly establish learning objectives for each work term, periodically discuss job performance, and complete a timely student performance evaluation at the mid-point and conclusion of each work term.
- To provide the student with the required full complement of work assignments, assuming the student's performance is acceptable and the company is not in an extremely difficult employment situation.
- To permit the Cooperative Education coordinator to visit the work site and meet with student and supervisor at least once during the work term.
- To provide a safe and professional work environment, ensuring that the student has the training, equipment, supplies and space necessary to perform his or her duties.
- To communicate clearly to the student organizational policies and professional standards of conduct.
- To not displace regular workers with students secured through cooperative education program.
- To state that the employer is an equal opportunity employer and offers employment without regard to race, color, gender, religion, national origin, age, sexual orientation, disability, or veteran status.
- To appropriately maintain the confidentiality of student information.

**Terms of Cooperative Education Program Arrangement**

A co-op arrangement for each student will be a period agreed upon by the student, the cooperating employer, and the University. Should the employer become dissatisfied with the performance of a student, he or she may request termination of the co-op/internship arrangement. Termination should occur only after the Cooperative Education coordinator has been notified in advance of employer's dissatisfaction with the student's performance and a satisfactory resolution cannot be obtained. Conversely, the academic department may request termination of the arrangement for any student not complying with University guidelines and procedures of the co-op program, or if the employer does not uphold the responsibilities listed above, as long as the employer has been notified in advance and satisfactory resolution cannot be obtained.

---

Cooperating Employer's On-site Supervisor

Date

**Co-op Student Position Description****Employer:**

1. *Please attach and/or complete a full position description below.*
2. *Return this form to the student for submission to the Computer Science Department.*

If you have any questions regarding this request or the Cooperative Education Program, please contact the Cooperative Education Coordinator in the Computer Science Department at 508-626-4712. Thank you!

---

Name of Student Employee: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Employing Organization: \_\_\_\_\_

Organization Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position Title: \_\_\_\_\_

Position Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications Required: \_\_\_\_\_

\_\_\_\_\_

Skills expected to be learned on the job: \_\_\_\_\_

\_\_\_\_\_

Position Starting Date: \_\_\_\_\_ Position Hours: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Position Ending Date: \_\_\_\_\_

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

\_\_\_\_\_  
REQUIRED: Signature of Cooperative Education Coordinator Date

\_\_\_\_\_  
REQUIRED: Signature & Title of Employer/Supervisor Date