

Cooperative Education **Site Agreement Form**

Please complete this form, sign, date and mail to: Julie Greene, Director, Career Services and Cooperative Education, CT State Manchester, Great Path, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 | Email: julie.greene@ctstate.edu | Phone: 860-512-3372 | Fax: 860-512-3371

Student Name			Start Date/End Date			
tudent Position/Title						
have agreed to work						
Days Per Week		Hours Per Week		Hourly Wage or Weekly Salary		
ITE INFORMATION						
ompany/Agency/Organizatio	n Name					
Mailing Address						
ity					State	Zip
upervisor's Name, Title		Σ	Department			
Phone Number	Fax Number	E	Email			
EQUIRED CRITERIA	A FOR PARTICIPATION					
jectives for the work experie	o provide meaningful assignments and g ence. The site will allow visits by the sto uctor in assigning a grade. In addition, tl , minimum wage and other applicable re	udent's academic advisor as r he site agrees to adhere to all	needed and agrees to federal and state reg	o complete an eval	uation forr employmer	n provided by
mpensation, child labor laws						
mpensation, child labor laws e student agrees to adhere to	o all standards of conduct, performance,			o the profession and	d the site lo	ocation.
mpensation, child labor laws			ntiality appropriate to	o the profession an	d the site lo	ocation.