

## STUDENT AGREEMENT

Student's Name \_\_\_\_\_  
 (Print) Last, First, Middle Initial

The main objectives of the Work Experience Education program are to help you:

- Learn on your job
- Improve your job performance
- Accept new responsibilities and handle them successfully.

To receive credit for your participation, you must agree to and meet the following commitments to your employer and to the Work Experience Education Program:

- Work to achieve my on-the-job Work Experience Education learning/performance objectives.
- On the job, be prompt and regular in attendance, appropriately groomed, honest, courteous, and willing to learn under supervision. I will comply with all reasonable employer requests.
- Work 75 hours per semester for each unit of credit in paid employment or work 60 hours per semester for each unit of credit in unpaid employment. (Unpaid employment must meet Labor Law Requirements).
- Complete and hand in all required reports and papers on time.
- Call or visit my instructor as required and comply with all reasonable requests.
- Notify my instructor in advance of my intention to drop the course or change my employment.
- Notify my instructor immediately if I am released from my job before the end of the semester.
- Submit signed records of hours worked to my instructor within the required time.

I have read all the foregoing statements and I accept and agree to fulfill these obligations to earn credit for participating in the Work Experience Education Program. I understand that my employer and my instructor will evaluate my work before I am allowed credit for any semester's participation. I further understand that I will be subject to the current grading policies of Ohlone College as well as the policies of the Work Experience Education Program.

I authorize Ohlone College to give my employer information from my academic records that is needed to facilitate my participation in the Work Experience Education Program.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Instructor's Signature

\_\_\_\_\_  
 Date