Online? Y N

STUDENT AGREEMENT
Due First Class Meeting (10 points)

CHECK ONE: ❑ **OCED 090** ❑ **OCED 091**

CHECK ONE: ❑ **New to OCED** ❑ **2nd Time** ❑ **3rd Time** ❑ **4 or more times**

Student's Name Mr./ Ms. _____
(Print) Last First Middle Initial

Address: _____

E-mail Address (print very carefully) _____ **Phone#** _____

- The main objectives of the Work Experience Education Program are to:
- 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.

STUDENT AGREEMENT: I agree to meet the following commitments in order to receive credit each semester that I am enrolled in the Work Experience Program.

- Work to achieve my on-the-job Work Experience 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. Late paperwork may result in being dropped.
- Call or visit my instructor/coordinator as required, attend weekly seminars, and comply with all reasonable requests.
- Notify my instructor/coordinator or the Work Experience Office, in writing, immediately of any changes in my work assignment, hours, location, work phone number, supervisor, home address, or home phone number.
- Notify my instructor/coordinator in advance and in writing of my intention to drop the course or change my employment.
- Notify my instructor/coordinator or the Work Experience Office immediately and in writing, if I am released from my job before the end of the semester.
- Submit signed records of hours worked to the Work Experience Office within the required time.
- I have read all and 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/coordinator 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 Solano College as well as the policies of the Work Experience Program. I understand my instructor is not responsible for dropping me from this course but reserves the right to drop me if I fail to submit paperwork in a timely manner or fail to comply with the terms of this agreement.
- I authorize the Solano Community College District to give my employer information from my academic records needed to facilitate my participation in the Work Experience Education Program.

_____ _____ _____ _____
Student's Signature CRN# Today's Date #Hours Worked per Week

#Work Experience Units **1 2 3 4 5 6** Paid ❑ Unpaid ❑ Instructor: Debra Berrett

WE2 11/08 White to instructor Yellow to student