

STUDENT AGREEMENT

Required to remain in course. Print NEATLY
Due at scheduled orientation. 50 points -10% per day late.

CHECK ONE: OCED 090 OCED 091 SCC ID# _____
CHECK ONE: Full Semester 12 week 8 week
CHECK ONE: New to OCED 2nd Time 3rd Time 4 or more times

Mr. Ms. Last: _____ First: _____
Street: _____
City: _____ State: _____ Zip: _____
Email: _____ 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

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.

- Develop and 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.
- Develop meaningful on the job objectives approved by supervisor and Work Experience instructor.
- 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/volunteer work. (Unpaid/volunteer work must meet Labor Law Requirements).
- Complete and hand in all required reports and papers on time. Late paperwork may result in loss of points, loss of hours, being dropped, or failed
- Call or visit instructor/coordinator as required, attend weekly activities, and comply with all reasonable requests.
- **Notify instructor/coordinator or the Work Experience Office, in writing, immediately of any changes in work assignment, hours, location, work phone number, supervisor, home address, or home phone number.**
- Notify instructor/coordinator or the Work Experience Office immediately and in writing, if released from worksite before the end of the semester.
- Submit signed records of hours worked to the Work Experience Office within the required time.
- I have read this handbook and I accept and agree to fulfill these obligations to earn credit for participating in the Work Experience Program. I understand that my worksite supervisor 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 worksite supervisor information from my academic records needed to facilitate my participation in the Work Experience Education Program.

Student Signature CRN# Today's Date #of hours worked per week

of OCED Units: : 1 2 3 4 5 6 Paid Unpaid

Major: _____ Job Title: _____