

Learning Agreement Form: Student

I agree to abide by the rules of the employer and the rules governing Owens State Community College's field experience/cooperative Internships. I will submit all required forms and will participate in an evaluation of my job performance and be part of any consultations required by the faculty point of contact, chair of the department or internship manager.

- I have read and understand the student internship eligibility and responsibilities requirements.
- I have registered for the internship/field experience (291 & 293) class.
- I have submitted my liability form
- I have submitted my resume
- I have submitted my internship application

Name of Student: _____

OCID of Student: _____

Signature of Student: _____ Date: _____

Circle Internship Term: Spring Summer Fall Year: _____

Internship Assignment Location: _____

List program of study: _____