

## **Cooperative Education/ Internship Agreement (“Agreement”)**

**Between The University of Bridgeport (the “University”) and \_\_\_\_\_ (“Employer”)**

This Agreement provides the terms and understanding between the above referenced parties in matters regarding Cooperative Education/Internship students (“Students”) who are enrolled in the University’s bachelor or master/professional degree programs. The University offers an extensive, voluntary-cooperative education program allowing Students to combine classroom study and work experience in their chosen profession (the “Program”). Internships may be paid or non-paid.

### ***PURPOSE OF THE COOPERATIVE AGREEMENT***

This Agreement establishes that each party shall assist the other in accomplishing the Program objectives of providing Students with educational employment opportunities while also providing Employer with temporary staffing needs.

### ***RESPONSIBILITIES OF EMPLOYER***

Employer shall:

1. Establish work schedules which accommodate the University’s academic calendar to enable Students to meet the requirements of both the University and Employer for completion of the program.
2. Process all documents relating to Students employment and keep all necessary employment records.
3. Tailor work assignments to Students academic major or area of study and make every effort to maximize Students learning.
4. Use best efforts to create a positive work environment, including, without limitation: (a) placing Students under competent supervisor(s), (b) orienting Students to the work environment, including the rules and procedures governing the employment.
5. Conduct periodic evaluations of Students performance and provide feedback which can help to improve Students job performance.
6. Provide ample written notice to the Program’s Assistant Director regarding the termination or extension of Students employment.
7. Return Students performance evaluation to the University no later than the end of the work term.

### ***RESPONSIBILITIES OF THE UNIVERSITY***

University shall:

1. Designate a Program Assistant Director who will serve as Employers contact.
2. Correlate work and study to enhance Students experience and learning.
3. Furnish Employer with requested information regarding Students eligibility to participate in the Program.
4. Inform Employer of changes in Students eligibility status, including failure to maintain required University standards.
5. Provide Employer with a performance evaluation instrument with which to evaluate Students job performance.
6. Evaluate Students written report regarding their Program experience.
7. Grade Students on their Program performance.

### ***CONDITIONS OF STUDENTS EMPLOYMENT***

1. To be eligible to participate in the Program, Students must:
  - a. Be of sophomore standing or above;
  - b. Be enrolled in the University’s Program;
  - c. Be in good standing by maintaining a grade point average of at least a 2.5 for undergraduates and 3.0 for graduates; and
  - d. Be registered full-time for one (1) full academic year prior to the start of the Program.
2. Students may be terminated from the Program for any of the following reasons:
  - a. Students resignation;
  - b. Change in curriculum or academic major which disqualifies Students from work specific positions.
  - c. Suspension, expulsion, or withdrawal from the University.

- d. Failure to maintain academic standards.
- e. Violations of any of the University's policies or procedures or any local, state or federal law.
- f. Employer termination due to unsatisfactory work performance, as documented by written notice to the University.
- g. Inability of Employer to retain Students on the job, as documented in written notice to the University.

**REQUIRED**  
*Employer Signature*

**Company Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Official Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature-Employer:** \_\_\_\_\_

**Date**

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**This section will be completed by Career Development after student submits CPT form:**

**Name:**

**Title:**

**Center for Career Development Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_