



Maui Community College

University of Hawai'i System



**STUDENT TRAINING AGREEMENT
ASSUMPTION OF RISK AND RELEASE – FORM 2
2007 - 2008 _____
(semester)**

Last Name _____ First Name _____ SS or Banner ID # _____
Mailing Address, City, Zip _____
Phone _____ E-mail _____ Major _____
Semesters Completed in Major _____ Cumulative GPA _____ # of Co-op Credits This Semester _____

I understand and agree to the following requirements and conditions for enrollment and participation in the Maui Community College Cooperative Education Program.

A. FIELD EXPERIENCE:

1. Secure a field placement that is related to my field of study and career goal, and is approved by the Cooperative Education office.
2. Be prompt and regular in attendance, notify my employer/field supervisor if I will be absent or late for work, use safe work practices and judgment, adhere to company dress policies, demonstrate ethical and appropriate work behavior and attitudes, accept and follow instructions and supervision, demonstrate willingness to learn and/or improve my work performance and abilities, and comply with all other required company policies and procedures.
3. Complete established learning/performance objectives including a written and/or oral review by my employer/field supervisor and Co-op instructor by established deadlines.
4. Complete the required number of hours per credit(s) registered for (minimum of 75 work hours per 1 academic credit) by the end of the field experience.
5. Comply with procedures and conditions for special placements and F-1 Visa Curricular Practical Training requirements (if applicable)

B. INSTRUCTION:

1. Complete the required instructional component (including seminars as arranged).
2. Complete the required documentation of the field experience by established deadlines.
3. Consult with Co-op instructor BEFORE voluntarily terminating my Co-op position or risk losing credits for Co-op enrollment.
4. Notify Co-op instructor immediately if I am terminated from my Co-op position before I complete the required hours.
5. Notify Co-op instructor immediately of any problems or major changes in my status (e.g., assignment/job duties, hour/schedule/location, supervisor).

(continued on next page)

Maui Community College does not discriminate on the basis of race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court records, sexual orientation, or status as a covered veteran.

C. **GRADING: (Deadline to change from Letter Grade to Credit/No Credit is March 20, 2008)**
I selected the following grading option when I registered for Co-op:
Option I (letter grade & credit) _____ Option II (credit/no credit) _____
Please check to determine if your program major requires you to select Option I. **See statement below.**

D. **AUTHORIZATION FOR RELEASE OF INFORMATION:**
I authorize the MCC Cooperative Education Program to share information from my MCC academic records with my employer / field supervisor that is pertinent and necessary to facilitate my participation in Co-op. I also authorize my employer / field supervisor to share pertinent information about my on-the-job performance with the Co-op instructor in order to evaluate my Co-op work performance.

E. **ASSUMPTION OF RISK AND RELEASE:**
I voluntarily agree to the terms set forth in this release and understand that I am completing my Cooperative Education training at the organization / company named below through the Maui Community College Cooperative Education Program for my personal benefit, complementing my classroom training at MCC.

In full recognition and appreciation of the dangers and hazards to which I am exposed, inherent in off-campus training and during transportation to and from such training, I do hereby agree to assume all the risks and responsibilities surrounding my participation in such training or any independent research undertaken as an adjunct thereto, during the training period from _____ (month/day/year) to **May 16, 2008** (month/day/year). And further, I do for myself, my heirs, executors, and administrators hereby release and forever discharge Maui Community College, the Cooperative Education Program, the organization / company named below, and each of their officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, and actions, or causes of action, on account of damage to my personal property, or personal injury which may result from any cause during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this Student Training Agreement and Assumption of Risk and Release to be executed this _____ day of (month) _____ (year) _____.

Signature of Student

Signature of Cooperative Education Instructor Date

___ I am in the process of securing a placement.

___ I will use my current position as my Cooperative Education field site.

Name of Company / Organization

Name of Supervisor

(FORM 2 - Rev 12/07)

PLEASE READ THE MCC GRADING GUIDELINES CAREFULLY. STUDENTS ARE SUBJECT TO THE "F GRADE" IF THEY DO NOT COMPLETE A COURSE SATISFACTORILY, AND/OR DID NOT CHANGE THEIR GRADING OPTION CHOICE BY THE DEADLINE, OR DID NOT WITHDRAW OFFICIALLY FROM THE COURSE.