



## **Cooperative Education/ Internship Agreement**

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

This agreement provides the terms and understanding between the above referenced parties in matters regarding Cooperative Education/Internship students who are enrolled in the University of Bridgeport's (the "university") bachelor or master/professional degree programs. The university offers an extensive voluntary cooperative education program allowing students to combine classroom study and paid work experience in their chosen profession. Internships may be paid or non-paid according to the practice of the field of employment.

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

The purpose of this agreement is for each party to assist the other party in the accomplishing its program objectives, which, as of this date are primarily: (a) educational for the university, and (b) temporary staffing needs for the employer.

### ***EMPLOYER RESPONSIBILITIES***

In the cooperative arrangement the employer will:

1. Establish work schedules which accommodate the academic calendar of the university and enable students to meet the requirements of both the university and the employer for completion of the program.
2. Process all documents relating to the students employment, and keep all necessary employment records.
3. Tailor work assignments directly to each student's academic major or area of study and make every effort to maximize the students learning from the Co-Op/ Intern experience.
4. Use best efforts to create a positive working environment, including without limitation: (a) placing each student under competent supervisor(s), and (b) orienting each student to the work environment and the conditions governing his/her employment.
5. Conduct periodic evaluations of each student's performance and provide feedback that will improve performance on the job.
6. Notify in writing the University Co-Op/Internship Director as far in advance as possible of the employer's intent to terminate or extend a student's employment.
7. Return the students' performance evaluation to the university by the end of the work term.

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

The institution will:

1. Designate Co-Op/Internship Director who will serve as the employer's representative.
2. Correlate work and study to enhance student experience and learning.
3. Furnish the employer with requested information about the student's eligibility to participate in the Co-op/internship program
4. Inform the employer of any change in a student's eligibility status, including failure to maintain required standards of the university
5. Provide the employer with a performance evaluation instrument with which to evaluate the student's job performance
6. Evaluate the student's written report about the Co-Op/Internship experience
7. Assign the student the appropriate grade for the Co-Op/Internship Experience



**CONDITIONS OF STUDENT EMPLOYMENT**

1. *Student Eligibility...* The Student Must:
  - a. Be of sophomore standing or above
  - b. Be enrolled in the university's Cooperative Education/Internship Program
  - c. Be an enrolled student in good standing (maintaining at least a 2.5 average – undergraduate, or 3.0 graduate on a scale of 4.0)
  - d. Be a full-time student for one full academic year before a Co-Op/Internship experience
2. *Termination of Co-Op/Intern Student...* A student's Co-Op/Internship may be terminated at any time for any of the following reasons:
  - a. Resignation by student
  - b. Change to a curriculum or academic major which will not qualify the student for the position
  - c. Suspension, expulsion, withdrawal from the university
  - d. Failure to maintain academic standards
  - e. Violation of: (i) University's policy or procedure, or (ii) any state or federal law
  - f. Termination by employer for unsatisfactory work performance, as documented in written notice to the university
  - g. Inability of the employer to retain the student on the job, as documented in written notice to the university

**REQUIRED SIGNATURES**

*University of Bridgeport*

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Keith Hassell  
Director, Career Development  
[khassell@bridgeport.edu](mailto:khassell@bridgeport.edu)

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

**Date**

*Employer Signature*

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

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

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

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

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

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

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