

This is a double-sided form. Please be sure to fill out both sides completely, including signatures from all parties.

**Portland State University
Department of Electrical and Computer Engineering**

**Cooperative Education Program
Field Experience Agreement**

This agreement must be completed and approved by all signatories before Cooperative Education Program enrollment can be completed.

Part A: To be completed by the student

Date _____ Term & Year _____

Name _____ Student ID# _____ - _____ - _____

 Last First MI

Home phone # _____ Work phone # _____ email _____

Major (circle one): EE CpE Credit hours (circle one): Full-time Part-time

Class standing (circle one): Fr So Jr Sr Expected graduation date: _____

Check One: Placement from Coop. Ed. Posting Conversion of Existing Job

Company/Organization Name _____

Mailing address _____

 Street City State Zip Code

Affirmative Action Data: The following information is requested solely for statistical purposes in implementation of non-discrimination provisions of federal and state law.

Your provision of this information is optional.

Check all that apply: Male Female Veteran Disability

African-American Asian/Pacific Islander Hispanic American Indian

White Decline to Answer

Part B: To be completed by student and employer supervisor

Title of employer supervisor _____

Employer phone # _____ email _____

Title of Co-op student position _____ Hours per week _____

Number of weeks on the job this term _____ Dates: ___/___/___ to ___/___/___ Wage _____

Describe the work duties: _____

(Additional information may be enclosed on a separate page.)

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Part C: To be completed by student and academic advisor

Dept. & Course Number _____ No. of Credits ____ Term & Year _____

Describe the academic requirements (conferences, term paper, projects, etc.):

Part D: Agreement & Signatures

As parties to this agreement, we accept the responsibilities on this form:

Employer Supervisor: _____ Date _____

Printed name: _____

Student: _____ Date _____

Printed name: _____

Academic Sponsor and/or Dept. Chair: _____ Date _____

Printed name: _____

NOTE TO STUDENT:

In order to be officially registered for this class and receive credit from Portland State University, you must fill out a By Arrangement Form and submit it to the ECE Department Office. You will need to complete this form with your academic advisor, as it requires the signatures of your advisor and the Department Chair.

Informed Consent, Release, Authorization for Emergency Treatment and Transportation and Indemnification Agreement

I, _____ (print your name) in consideration of my voluntary participation in the _____ program run by Portland State University ("Program"), do hereby assume full responsibility for all risk of injury or loss which may result from my participation in the Program. I understand that the Program may provide the opportunity for my participation in events that are held at both in-state and out-of state locations. I acknowledge that I have received, read, and understand all the information provided by the Program concerning such events, travel arrangements, and hereby approve of my participation.

I agree to hold harmless, release and forever discharge the State of Oregon acting by and through its State Board of Higher Education on behalf of Portland State University, its officers, agents and employees from any and all claims and demands whatsoever which I or any third party may have against them by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property arising or resulting directly or indirectly from my participation in the Program. I agree to allow PSU to conduct a criminal background check, if required.

I understand, agree and acknowledge that some activities may be of a hazardous nature or may include physical or strenuous activity that may result in illness, personal injury, suffering or death and I understand and appreciate the nature of such hazards and risks. Additionally some activities may require traveling in buses or other approved methods of transportation. If I should elect to use my personal vehicle in the course of my participation in the Program, I accept full responsibility and liability for its operation and understand my personal insurance is primary in response to any accident or injury therewith. Understanding this, to the best of my knowledge, I have no medical, physical, mental, or emotional health conditions that would hinder my participation in the Program.

In the case of an emergency, if I am unable to effectively communicate, I authorize the staff of the Program to obtain whatever medical treatment deemed necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I agree that this Consent and Release shall be construed in accordance with the laws of the State of Oregon and that venue for any legal proceeding arising out of this agreement shall be in Oregon. If any term or provisions of this Consent and Release shall be held illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I understand that PSU reserves the right to remove me from the Program at any time should my actions or behavior, in the sole discretion of PSU, impede or obstruct the activities of other participants in the Program or if my actions or behavior endanger me, other participants, faculty, staff or mentor students.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE INJURY OR DEATH OF ME OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH TO ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS RELEASE COVERS ALL ACTIVITIES AND TRAVEL OFFERED THROUGH THIS PROGRAM.

Signature: _____

Printed Name: _____

Address: _____

Telephone: Home _____ Work or Cell _____