



**Community Colleges
of Spokane**

EXPERIENTIAL LEARNING AGREEMENT

- Spokane Community College** Workforce Office MS 2063
1810 N Greene St | Spokane WA 99217-5399 | 509-533-7249 | FAX 509-533-8681
- Spokane Falls Community College** Workforce Education MS 3240
3410 W Fort George Wright Dr | Spokane WA 99224-5288 | 509-533-3148 | FAX 509-533-4162

Co-op Internship Volunteer Service—Learning Job shadow Other _____
 Paid Unpaid

QUARTER/YEAR: Fall _____ Winter _____ Spring _____ Summer _____ Date _____

Student's name	Student identification number	Major
Address		Phone
City	State	ZIP
Student has permission to participate in a learning experience as <input type="checkbox"/> required <input type="checkbox"/> optional in class and is receiving _____ credits.		
Name of company/agency or employer		Supervisor at work site
Address		Phone
City	State	ZIP
Type of field experience _____		
The terms of this agreement begin on _____ and end on _____		
		Date
Approved by _____		Date
Coordinator	Department	Phone

(Please complete if applicable.) Wages/stipend: _____ per hour per month per quarter
Average scheduled hours _____ per week per month per quarter

STUDENT AGREES: 1) To abide by all company rules, regulations and policies. 2) To keep coordinator informed of any change in work status.

COMPANY/AGENCY OR EMPLOYER AGREES: 1) To provide a safe and healthy working environment for the student.
2) To abide by all federal, state and Community Colleges of Spokane nondiscrimination/anti-harassment laws and regulations.
3) To provide supervision to the student and assign tasks within the student's knowledge and competency level which will benefit all parties in the learning experience.

ALL PARTIES AGREE: 1) That all parties will be responsible for their own liability and negligence on the part of themselves, employees and their agents. No party will indemnify any other party to this agreement for acts or omissions attributed to that other party. 2) That this agreement may be terminated at any time for any reason by giving the other parties three days written notice.

Student's signature	Dean's signature
Employer's signature	Coordinator's signature