

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



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

EXPERIENTIAL LEARNING AGREEMENT

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 required/optional (circle one) 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 _____ Date _____ and end on _____ Date _____.		
Approved by _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Coordinator Department Phone </div>		

(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/antiharassment 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