

COOPERATIVE EDUCATION

# 92 Series Learning Agreement

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

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_  
(or other number where you may be reached)

City/State: \_\_\_\_\_

Social #: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_

**SCHEDULED APPOINTMENTS**

First Appointment: \_\_\_\_\_  
Date/Time

Follow-up Appointment: \_\_\_\_\_  
Date/Time

Grading Appointment: \_\_\_\_\_  
Date/Time

**SEMINARS:**

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**ASSIGNED ACTIVITIES:**

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ALL ASSIGNMENTS DUE: \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Instructor Signature Date