_	Experience Objectives/Agreement				LMC Instructor:		
Student's Name: Social Security N			Employer:		Date:		
Learning objectives when instructor. Objectives	nich reflect new or ves must be measur		ilities or levels of per the close of the acade		st be written by the student in co	nsultation with the employment supervisor and ired per unit of credit.	
b) How (what st	eps or method	s) will you achieve	e it?				
c) How will this	be evaluated?	by whom?					
<i>Obj# 2</i> a) What y	you will attem	ot to accomplish?	by when?				
b) How (what s	teps or metho	ls) will you achiev	e it?				
c) How will this	be evaluated?	by whom?					
Obj#3 a) What y	you will attem	ot to accomplish?	by when?				
b) How (what st	eps or method	s) will you achieve	e it?				
c) How will this	be evaluated?	by whom?					
Obj# 4 a) What y	you will attem	ot to accomplish?	by when?				
b) How (what st	eps or method	s) will you achieve	e it?				
c) How will this	be evaluated?	by whom?					
		ee in the validity of the ll meet during semester				ion/guidance to insure maximum educational	
Student's Signature		Empl. Supervise	or's Signature	I	MC Instructor's Signature	Director, Work Exp. Educ.	
Evaluation Of Obj #1	Obj #2	(Employment Su Obj #3 ne at End of Semes	opervisor's Use Or Obj #4	nly)	UnitsNumber of	uctor's Use Only Grade Number of	
A = Far Exceeds Ave B = Better than Aver	erage Accomplis	hments C= Average ment D= Limited	e Accomplishment		Employer Contacts	Student Contacts	
Average Hrs. Worked Weekly		Total Weeks Worker During the Semester				Date the basis of race, national origin, sex or educational processes, and expects affiliated by notice.	
	mployment Superv nce Office 2) Emp	isor's Signature loyment Supr. 3) LMC	Instructor 4) Studen	ıt	S:Coop.doc 6/30/98	- rJ.	