

# *Old Dominion University*

## Department of Occupational & Technical Studies **Course Contract**

Student's Name

Student Number

Address

Phone Number

Email Address

- I agree to work the contract hours listed below. If I do not, I understand my grade in the course will be reduced.
- I further understand that I must present an authenticated monthly production report that indicates the number of hours I worked at the job listed on the student information form.
- I also understand that I cannot change jobs without first clearing it with my instructor.
- If I am fired or otherwise removed from my job for cause, I understand that I will receive a grade of "F" in the course.
- I understand that I must maintain a Weekly Journal and turn it in with a written project by the designated due date.
- I understand that I am responsible for my course work arriving to the course instructor.
- I understand I represent the students at Old Dominion University and will conduct myself in a thoroughly professional manner throughout my employment.

**Contract Hours =** \_\_\_\_\_

My work experience is: \_\_Paid \_\_Unpaid \_\_Structured

Student's signature

Instructor's Signature

Date

Date

E-mail scanned document or fax (with signatures) to Sharon Davis @ [srdavis@odu.edu](mailto:srdavis@odu.edu) or 757.683.5227 (fax).