



**STUDENT RESPONSIBILITIES
FORMAL TRAINING
AGREEMENT**
RETURN TO WORK DIVISION
SFN 53874 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Claim Number	Student's Name
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1. I agree to contact the School Coordinator at least one time per month to report academic progress in training as well as any medical or academic problems encountered.
2. I agree to maintain regular attendance as required by the training program, reporting to the School Coordinator any absences within 48 hours of the onset of the absence. I understand I may be required to submit a medical excuse from my treating provider if I miss a full day or more of classes due to medical issues.
3. I will maintain a grade point average of no less than 2.0 or the GPA required by the class/school for each semester/quarter, as agreed upon in the training plan approved by Workforce Safety & Insurance (WSI).
4. I agree to maintain a full schedule of classes as required by the training program. I will notify the School Coordinator of any academic difficulties I encounter, which might require the need for tutorial services, a meeting with my advisor, etc.
5. I agree to meet with my assigned advisor during each semester/quarter to assess my progress and standing in my academic program. I will notify the School Coordinator of any problems or changes in my academic plan by way of a written explanation from my assigned advisor.
6. I agree to send a copy of my school transcripts to the School Coordinator at the end of each academic semester/quarter. I will also provide a copy of my class schedule for the following semester/quarter.
7. I agree to provide WSI with my midterm grades each semester, printing out my grade reports if I am taking any online classes, and/or obtaining midterm progress information from my instructors for my on-campus classes.
8. I will contact the School Coordinator prior to withdrawing from any classes during my retraining program and prior to making any changes to the program as it is outlined in my Vocational Case Manager's Report (VCR).

I have read the above responsibilities and understand that these responsibilities are a reminder of the agreed upon terms of the training plan approved for me by Workforce Safety & Insurance.

Student's Signature

Date