

DEALER-SPONSOR ACCEPTANCE FORM

I agree to sponsor the following ASEP student for the period of _____

Student's Name: _____

Address: _____

Phone: _____

I understand that my commitment to sponsor this student involves the following:

- I will provide a relevant and meaningful cooperative work experience for the student. This is an opportunity for the student to work in my dealership, applying and honing the skills that he/she has learned in the College portion of the ASEP Program. So far as is possible, I will assure that job assignments while on the co-op will be integrated with the College program.
- I will pay the student a reasonable rate for the actual hours worked while on co-op. The actual pay rate is negotiable between the student and me and will be consistent with prevailing area wage rates for comparable skills.
- I will provide the student a full set of uniforms, which he/she must wear while attending auto technology classes at the College. The student will be responsible to keep the uniforms cleaned and freshly pressed while he/she is at the College.
- I understand that sponsorship represents a serious, long-term commitment to training this student. Having agreed to sponsor this student, I will terminate him/her only for non-performance. If any circumstances arise that might require termination, whether for performance or other issues, I will give the College as early a warning as possible.
- I will appoint an In-Dealership Coordinator to monitor and oversee the co-op program. The coordinator will have authority for job assignments in the service department.
- I will assure that the student's performance will be thoughtfully evaluated at the end of each co-op period.
- I will provide the student with Global Connect ID and password to access SI and Diagnostic/Programming Applications consistent with those given to a newly hired Service Technician.
- I will enroll the student on GM Center of Learning with the primary role of GM ASEP Student.

○ Assigned Person ID: _____

DEALERSHIP NAME: _____

MAILING ADDRESS: _____

City, State, Zip: _____

Phone: _____

Service Manager email: _____

Service Manager name: _____

Signature of Dealer/ Service Manager

Date