

HARTNELL COLLEGE COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE)

Student's Name: _____ Social Security #: _____
Last First M.I.

Address: _____
No. and Street City Zip

Phone #: _____ Student Status: ___ Day ___ Eve Veteran: ___ Yes ___ No

Semester: _____ Year: _____ New CWEE Student [] or Returning CWEE Student []

Occupational Goal: _____ Current Major: _____

Coursework Related to Occupational Goal or Major:

<u>Course Completed</u>	<u>Semester Taken</u>

CWEE Options: [] General [] Occupational [] Internship

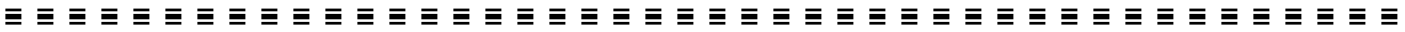
Place of Employment: _____ Phone #: _____

Employer Address: _____
No. and Street City Zip

Work Supervisor: _____ Best Time to Call: _____

Supervisor's Title: _____ # Hours per Week: _____

Your Job Title: _____ Paid or Non-Paid: _____



We, the undersigned, agree to provide the necessary supervision and counseling to ensure that the maximum educational benefit may be achieved for the student's CWEE experience. The counselor will provide career advisement related to the CWEE curriculum. The employment supervisor and Instructor/Coordinator agree to meet at least once during the semester at the employment site to evaluate the student's performance on the objectives. An evaluation of the student's work will be completed by the employer and the instructor at the end of the semester. We certify that students are accepted and assigned to employment and educational opportunities without regard to race, color, national origin, sex or disability.

Student's Signature: _____ Date: _____

Work Supervisor's Signature: _____ Date: _____

Instructor/Counselor's Signature: _____ Date: _____

Coordinator/Director's Signature: _____ Date: _____



For internal use only

Instructor Assignment: _____ **Discipline/Course #:** _____

Number of Units approved for CWEE: _____ **Number of Units to Date:** _____