

For Student to Complete:

Student Name:

Student A#:

Email Address:

Home Address:

Phone:

Semester/Term:

I work an average of ___ hours per week at \$ ___ per hour.

I am enrolled in **1 2 or 3** units of Work Experience this semester.

1=60 unpaid/75 paid work hours

2=120 unpaid/150 paid work hours

3=180 unpaid/225 paid work hours

I have completed ___ units of Work Experience in the past?

As a student enrolled in CWEE, I:

- Am pursuing a planned program of CWEE which includes new or expanded responsibilities or learning opportunities beyond those experienced during previous employment.
- Have on-the-job learning experiences that contribute to my occupational or educational goals
- Will inform my CWEE Coordinator prior to making any decisions regarding my employment
- Will submit all required documentation and complete all activities required by my CWEE Coordinator/Instructor including Learning Objectives Contract, Consultation Form, Evaluation, Timesheet, and any other documentation requested.

Student Signature: _____ Date: _____

For Employer/Supervisor to Complete:

Name:

Job Title:

Company:

Email Address:

Address:

Phone:

During the first few weeks of school, I am available during the following days/times for a 1 hour onsite consultation with the student and instructor to discuss learning objectives. Please let me know which dates/times work best for you.

M-9am; 11am; 1pm; 3pm T-9am; 11am; 1pm; 3pm

W-9am; 11am; 1pm; 3pm TR-9am; 11am; 1pm; 3pm

F-9am; 11am; 1pm; 3pm Other: _____

As the employer/supervisor of student enrolled in CWEE, I:

- Agree with the intent and purpose of CWEE for students and sign off on all required forms
- Agree to provide adequate supervision, mentorship/training, facilities, equipment, and materials at learning station to achieve on-the-job learning objectives.
- Comply with all appropriate federal and state employment regulations.
- Notify the CWEE Coordinator immediately of any problems or concerns or if the students employment ends.
- Meet with CWEE at least once during the semester to discuss students' learning objectives

Employer/Supervisor Signature: _____ Date: _____

**For Work Experience Education Coordinator or
Faculty Advisory to Complete:**

WEE Coordinator Will:

Students objectives:

1. TBD
2. TBD
3. TBD

Actual Hours/Units: _____

Grade Awarded: _____

- Review and approve students and learning station
- Conduct a minimum of 1 in person, on-site consultation with employer
- Conduct a minimum of 2 consultations with student
- Assist student in developing measurable learning objectives
- Evaluate student progress and assign course grade
- Maintain all required records as described in Title 5

CWEE Coordinator/Instructor Signature: _____ Date: _____