



COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE)

Information and Visitations Card

STUDENT INFORMATION:

Name: *(Last)* *(First)* *(Middle Initial)* Student ID No.:

Address:

Phone No. *(home)*:

Cell No.:

Email:

College Major:

Career Goal:

I am currently taking _____ units of college credit besides Cooperative Work Experience Education class.

EMPLOYER INFORMATION:

Company Name:

Employer Address:

Name of Supervisor:

Job Title:

Department:

Supervisor's Phone No.:

Supervisor's Email:

Hours worked per week:

Paid: ☐ or Volunteer: ☐ *(Must check one, this affects the number of units earned)*

Student's Signature:

For any questions or clarification, please contact
the Office of Student Activities
Rm. 601C | 619.482.6537

FACULTY USE:*Please complete below, and return to CWEE office at the end of term, Rm. 601C.***Student Consultations:**1. Comments:

Date: _____ Instructor Initial: _____

2. Comments:

Date: _____ Instructor Initial: _____

Employer Consultations/Visitations☐ In person visitation ☐ Approved alternative *(Must state the method of contact, i.e. phone, email, and approved reason)*1. Comments:

Date: _____ Instructor Initial: _____

2. Comments:

Date: _____ Instructor Initial: _____

Units earned:**Final Lecture Grade:****Final Lab Grade:****Initials:**