

Cooperative Work Experience Education (CWEE)

AGREEMENT

Office of Student Activities Southwestern College 900 Otay Lakes Rd. Chula Vista, CA 91910 (619) 482.6537 Room 601C www.swccd.edu/cwee

SECTION 1: Name of Company/ Agency:	Students Name (Last, First):
value of Company Agency.	Stauchts Maine (Last, First).
Company/Agency Address:	SWC ID:
City, State, Zip Code Telephone No:	Student Email Address:
Name of Company/Agency Supervisor :	Course/Section Units Semester/Year
Company/Agency Supervisor Email Address:	Name of Instructor:
	E PROGRAM STATEMENT program guidelines and regulations. The agency and the college will provid
Pursuant to Labor Code Section 3368, workers' compensation coverage Southwestern Community College District. Agency reserves the right to to	as required by law, comply with all appropriate federal and state regulations is provided for students enrolled in work experience classes through the terminate a student due to unsatisfactory progress, or failure to meet work in the right to terminate a student who may become ineligible, at which time the priented learning objectives listed below.
Company/Agency Representative Signature / Date Student's Signature	gnature/Date Instructor's Signature/Date
SECTION 2: LEARNING OBJECTIVES Learning Objectives are specific, measurable, limited to a single definite result, and semester. Learning Objectives help to ensure that you, your job site supervisor and agreement with what you are there to learn while you are on the job this semester. JOB-ORIENTED LEARNING OBJECTIVES Each semester, a student enrolled in CWEE is required to identify new learning objects and within the student's ability to accomplish during the semester. The the assistance and approval of both the company's Supervisor and SWC Instructor anytime during the semester/session, the instructor must be notified. 1.	d your Work Experience Instructor are all in Objectives Achieved? Check Box jectives. They should be specific, e student formulates the objectives, with
AGENCY REPRESENTATIVE COMMENTS:	This internship is □Unpaid □Pa
	тніз інканізніў із Шопраій ШРа
SECTION 4: SUMMARY STATEMENT OF HOURS & OBJECTIVES: To be completed experience. We verify that the above student has worked from/ and has satisfactorily achieved the learning objectives. Mo Day	eted by Instructor & Company/Agency Supervisor at the end of the work / to// Totalhours Yr
Company/Agency Supervisor Signature Date	Instructor's Signature Date