



# COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE)

## Information and Visitation Card

### STUDENT INFORMATION:

Name: <i>(Last)</i>		<i>(First)</i>	<i>(Middle Initial)</i>	Student ID No.:
Phone No. <i>(home)</i> :	Cell No.:		Email:	
College Major:		Career Goal:		
I am currently taking _____ units of college credit besides Cooperative Work Experience Education class.				

### EMPLOYER INFORMATION:

Company/Agency Name:		
Company/Agency Address:		
Company/Agency Website:		
Name of Supervisor:	Job Title:	Department:
Supervisor's Phone No.:	Supervisor's Email:	
Hours worked per week:	Paid: <input type="checkbox"/> Unpaid: <input type="checkbox"/> <i>(Must check one to determine number of hours required and units earned)</i>	
Student's Signature:		For any questions or clarification, please contact the Office of Student Activities Rm. 601C   619.482.6537   RevFA2017

**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:

<b>Units earned:</b>	<b>Final Grade:</b>	<b>Instructor Signature:</b>
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