|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Information and Visitation Form**  COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE) | | | | | | | | | | |
| **STUDENT INFORMATION:** | | | | | | | | | | | |
| Name: *(Last)*       *(First)*       *(MI)* | | | | | | | | | Student ID: | | |
| Phone No. *(home)*: | | | Cell: | | | | | Email: | | | |
| College Major: | | | | | | | | | | | |
| Career Goal: | | | | | | | | | | | |
| **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: | | | | You must check one to determine number of hours required and units you will earn  **Paid:**  **Unpaid:** | | | | | | | |
| \*\*\*FACULTY USE ONLY\*\*\* | | | | | | | | | | | |
| **Student Consultations** | | | | | | | | | | | |
| 1. Comments:       Instructor Initial:      Date: | | | | | | | | | | | |
| 2. Comments:       Instructor Initial:      Date: | | | | | | | | | | | |
| **Employer Consultations/Visitations** | | | | | | | | | | | |
| **In-Person** or **Alternative Method Of Contact:**  Phone Call  Email  Other  **\*If alternative was selected then you must state your reason:**  Work Hours Outside of Instructor Hours  Established Employer  Other | | | | | | | | | | | |
| 1. Comments:       Instructor Initial:       Date: | | | | | | | | | | | |
| **Units Earned:** | | **Final Grade:** | | | **Instructor Signature:** | | | | | | **Date:** |

Please complete and return to: Student Employment Services Department, Rm S208 Cesar E. Chavez Bldg. 1400 at the end of term.

REV 5/18 SES/ PRE-CWEE