|  |  |
| --- | --- |
|  |  **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