

Total CWEE Hours: _____

Accumulated CWEE Units: _____



**COOPERATIVE WORK EXPERIENCE EDUCATION
SEMESTER TIME CARD**

Student's Name (please print or type) _____

Employer _____

CWEE Instructor _____

Course _____

Inclusive Dates Covered _____

	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		Week 8		Week 9	
DAY	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD
MON																		
TUE																		
WED																		
THU																		
FRI																		
SAT																		
SUN																		
WEEKLY TOTAL																		

TOTAL HOURS WORKED _____

STUDENT'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

	Week 10		Week 11		Week 12		Week 13		Week 14		Week 15		Week 16		Week 17		Week 18	
DAY	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD
MON																		
TUE																		
WED																		
THU																		
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NOTE: This time card must be submitted with the contract at the end of the semester.

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DAY	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD	DATE	HRS WKD
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