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| SWC_Color | **COOPERATIVE WORK EXPERIENCE EDUCATION** (CWEE)**Information and Visitations****(Please type or print)** |

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| **STUDENT INFORMATION** |

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| Last Name: Click here to enter text. | First Name: Click here to enter text. | Middle Initial: Click here to enter text. | Student ID No.: Click here to enter text. |

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| Address: Click here to enter text. | City: Click here to enter text. | Zip Code: Click here to enter text. |

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| Phone No.: Click here to enter text. | Cellphone: Click here to enter text. | Email: Click here to enter text. |

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| College Major: Click here to enter text. | Career Goal: Click here to enter text. | Total Units this semester beside Cooperative Education: Click here to enter text. |

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| **EMPLOYER INFORMATION** |

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| Company/Agency Name: Click here to enter text. |

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| Company Address (No. & Street): Click here to enter text. | City: Click here to enter text. | Zip Code: Click here to enter text. |

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| Supervisor’s Name: Click here to enter text. | Title: Click here to enter text. | Department: Click here to enter text. |

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| Supervisor’s Phone: Click here to enter text. | Supervisor’s Email: Click here to enter text. |

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| Hours worked per week: Click here to enter text. |  [ ]  Paid [ ]  Volunteer (MUST mark one; This affects the number of units earned) |

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| Student’s Signature: | Supervisor’s Signature:  |

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| **FACULTY & STUDENT CONSULTATIONS: Complete below and return to CWEE Office at end of term.** |

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| --- | --- |
| 1. Comments: Click here to enter text.
 | Date: Click here to enter a date. |
| Instructor’s Initial: |

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| --- | --- |
| 1. Comments: Click here to enter text.
 | Date: Click here to enter a date. |
| Instructor’s Initial: |

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| **EMPLOYER & STUDENT CONSULTATIONS/VISITATIONS** |

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| --- | --- |
| 1. Comments: Click here to enter text.
 | Date: Click here to enter a date. |
| Instructor’s Initial: |

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| --- | --- |
| 1. Comments: Click here to enter text.
 | Date: Click here to enter a date. |
| Instructor’s Initial: |

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| **Units Earned**: Click here to enter text. | **Final Lecture Grade**: Click here to enter text. | **Final Lab Grade**: Click here to enter text. | **Initials**:  |

Office of Student Activities | Room 601C | 900 Otay Lakes Road, Chula Vista, CA 91910 | (619) 482-6537

Sandy Calderon 🙞 scalderon@swccd.edu

*CWEEINFOEVAL7-8-14(BLUE)*