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|  | **WORK EXPERIENCE EDUCATION CONSULTATION FORM**CTC/Student Employment Services, Southwestern College 900 Otay Lakes Rd. Chula Vista, CA 91910 |
|  **STUDENT INFORMATION** |
| Name: *(Last):*       *(First):*       *(MI):*      | Student ID:  |
| Phone No. *(home)*:       | Cell:       | Email:       |
| College Declared Major:       |
| Career Goal:       |
|  **EMPLOYER INFORMATION** |
| Company/Agency Name:       |
| Company/Agency Address:       |
| Company/Agency Website:       |
| Name of Supervisor:       | Job Title:       | Department:       |
| Supervisor’s Phone Number:       | Supervisor’s Email:       |
| Intern hours per week:       | Is your internship (please check one): **Paid:** **[ ]**  **Unpaid:** [ ]  |
| **\*\*\* FACULTY USE ONLY \*\*\*** |
|  **“STUDENT CONSULTATION” - REQUIRED: Two (2) Consultations, Initials & Dates** |
| 1. Comments: Instructor Initial:      Date:      |
| 2. Comments: Instructor Initial:      Date:      |
|  **“EMPLOYER CONSULTATION/VISITATIONS ” - REQUIRED: Check Off Option(s), Enter Notes, and Initial/Date**  |
|  [ ]  In-Person **OR**  Alternative Method Of Contact:[ ]  Phone Call [ ]  Email [ ]  Other:      **\*IF an “Alternative Method of Contact” was selected above, then you must check your reason below:** [ ]  Work Hours Outside of Instructor Hours [ ]  Established Employer [ ]  Other:      1. **\*REQUIRED** -**Notes are made for the outcome of these conversations/consultations with the employer**  Enter Notes:      Instructor Initial:       Date:      |
| **Units Earned:**  | **Final Grade:** | **Instructor Signature:** | **Date:** |

 Note: Instructors, please submit this form by the suggested deadline emailed to you- Thank you

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