



COOPERATIVE WORK EXPERIENCE EDUCATION

APPLICATION / AGREEMENT

Work Experience Class/Section Number: _____	Units _____	Internship Externship Employment Other
Year: Fall _____ Intersession _____ Spring _____ Summer _____	Repeat? Yes No	
Instructor's Name: _____	CWE Type: Occupational General	Paid Unpaid
Instructor's Email: _____		

Student Information	Student's Name: _____ Student ID Number: _____ <small>(Please Print)</small>
	Home Address: _____ <small>(Street) (City) Zip</small>
	Email Address: _____ Telephone: (_____) _____ <small>(cell) (home)</small>
	Best Time to Call: Day _____ Night _____ Number of Work Experience Units Previously Completed: _____
	Related Class(es) Being Taken This Semester: _____
	Related Class(es) Previously Taken: _____
	Total Number of Units This Semester: _____ Major or Educational Goal: _____

Company Information	Company Name: _____ Type of Firm: _____
	Business Address: _____ <small>(Street) (City) Zip</small>
	Supervisor's Name: _____ Business Phone: _____
	Supervisor's Title: _____ Direct Phone Line: _____ (Ext) _____
	Supervisor's Email: _____ Best Time to Contact Supervisor: _____ Day _____ Night

Student agrees to work and study in furthering his/her career and will observe all the Cooperative Work Experience Education and company regulations. The student agrees to keep regular work and college class attendance.

Supervisor / Internship Site / Employer agrees that the student will have adequate supervision to assure a planned program of Work Experience which, when coordinated with related course work, will provide maximum educational benefit. Students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or disability. The employer is in no way obligated to continue the student's employment or internship or to give preferential treatment because of this agreement.

Instructor will assist the employer in the evaluation of the student and correlate college instruction with the student's on-the-job training. College credit will be granted for successful completion of all course requirements. All grades will be assigned by the instructor.

This agreement, including the proposed work experiences and educational experience, has been reviewed and approved by the undersigned. This is not a legal contract. This agreement may be terminated at any time by any person named below with the understanding that due notice should be given to all persons named below.

Student _____ Date _____

Supervisor _____ Date _____

Instructor _____ Date _____