



**CERRITOS COLLEGE  
OCCUPATIONAL WORK EXPERIENCE EDUCATION  
STATEMENT OF COOPERATION**

Cerritos College does not unlawfully discriminate in educational opportunities on basis of race, religion, sexual orientation, national origin, age or marital status and it is subject to Title VII of the Civil Right Act of 1964.

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

1. STUDENT \_\_\_\_\_  
Name LAST ADDRESS CITY ZIP CODE PHONE

2. EMPLOYER \_\_\_\_\_  
Name ADDRESS CITY ZIP CODE PHONE

3. STUDENT JOB STATUS

A. JOB TITLE \_\_\_\_\_

B. MAIN DUTIES \_\_\_\_\_

4. Student is required to pursue a planned program of Work Experience which includes new or expanded responsibilities or learning opportunities beyond those experienced during present and previous employment.

5. List Vocational Education Major or Occupational Goal. \_\_\_\_\_

6. STUDENT'S OBJECTIVES FOR THE PROGRAM:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

EMPLOYER/CERRITOS COLLEGE APPROVAL:

EMPLOYER:  
(PRINT) \_\_\_\_\_

CERRITOS COLLEGE \_\_\_\_\_

(SIGNATURE)  BY \_\_\_\_\_  
EMPLOYER OR REPRESENTATIVE

BY \_\_\_\_\_  
INSTRUCTOR COORDINATOR

Employer does not unlawfully discriminate on the basis of race, religion, national origin, or martial status.

STUDENT AGREEMENT:

I understand that I must complete the objectives stated above and maintain enrollment in at lease seven unites of college classes including Occupational Work Experience. SIGNED  BY \_\_\_\_\_

7. All the conclusion of each semester, employer or representative will evaluate student's performance in meeting objectives:

	EXCELLENT	EVERY GOOD	SATISFACTORY	UNSATISFACTORY	REMARKS
OBJECTIVE (1)					
(2)					
(3)					

DATED: \_\_\_\_\_ SIGNATURE:  BY \_\_\_\_\_  
EVALUATOR

**FOR USE BY CERRITOS COLLEGE ONLY**

8. RECORDS TO BE MAINTAINED BY CERRITO COLLEGE:

A. AVERAGE HOURS PER WEEK WORKED \_\_\_\_\_ TOTAL HOURS WORKED FOR SEMESTER \_\_\_\_\_   
SIGNATURE OF STUDENT

B. CONSULTATION WITH STUDENT IN PERSON \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ INITIAL OF: \_\_\_\_\_  
DATE STUDENT INSTRUCTOR COORDINATOR

C. CONSULTATION WITH EMPLOYER OR REPRESENTATIVE IN PERSON \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_   
DATE SIGNATURE OF EMPLOYER OR REPRESENTATIVE

D. WRITTEN EVALUATION OF STUDENT BY INSTRUCTOR/COORDINATOR \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_   
DATE GRADE UNITS EARNED SIGNATURE OF INSTRUCTOR COORDINATOR