



**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) _____
EMPLOYER OR REPRESENTATIVE NAME
(SIGNATURE) X BY _____
EMPLOYER OR REPRESENTATIVE

CERRITOS COLLEGE
X 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 X BY _____

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

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

DATED: _____ SIGNATURE: X 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 _____ X
SIGNATURE OF STUDENT

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

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

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