



## Work Experience Education Agreement

<b>Term:</b> _____	<b>Year:</b> _____
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<b>Student Name:</b> _____	<b>Student ID:</b> _____
<b>Company/Worksite:</b> _____	<b>Supervisor's Name:</b> _____

### Agreement

Dear Employer,

Your employee has enrolled in the Work Experience Education Program in the \_\_\_\_\_ Department at Cerritos College.

As a Work Experience Education student, your employee is required to pursue a planned program during the semester, which includes new or expanded responsibilities or learning activities. These criteria must be achieved by:

1. Approved job-related objectives and/or job-related projects.
2. A minimum of one personal visit by the instructor to the employer.
3. A written evaluation of the job-related objectives and/or project.
4. Verification of employment and hours worked per week.

Please indicate your agreement of \_\_\_\_\_ participating in this program by signing in the space provided below.

### Release of Information

By signing below, you also agree to authorize Cerritos College to release your placement test scores, college transcripts, and/or other academic and registration information to authorized representatives of the participating Work Experience Education company.

The intent of this release is to provide authorized persons at the place of employment with the necessary information to best support the student in the cooperative relationship between Cerritos College, the student, and the potential employer.

<b>Student's Signature</b>	<b>Employer's Signature</b>	<b>Faculty Advisor</b>
<b>Date</b>	<b>Date</b>	<b>Date</b>