



# Cerritos College

Dear Employer,

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

As a Cooperative Work Experience Education student, your employer is required to pursue a planned program during the semester which includes new/or expanded responsibilities or learning activities. This 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.

I appreciate your cooperation in this meaningful endeavor.

Cordially,

Cerritos College

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date