



WORK EXPERIENCE EDUCATION

Cerritos College, Norwalk, California

(PLEASE TYPE OR PRINT)

Name _____ Student #: _____

Home Address: _____

Mobile Phone: _____ Home Phone: (if different from mobile) _____

Occupational Goal: _____ Major: _____

Job Title: _____ Length of Employment: _____

Employer Name: _____

Employer Address: _____

Immediate Supervisor's Name: _____ Title: _____

Supervisor's Phone Number: _____ Extension: _____

Student's Work Schedule:	Full-time	Part-time	
Hours:	Day	Swing	Graveyard

Previous units enrolled in Work Experience at Cerritos College: _____

Other Community College in California: _____

I hereby certify that the total units in Work Experience, including this term, will not exceed 14 units earned at all community colleges in California, including Cerritos College (California Administrative Code, Section 55253). I understand I must be enrolled in Work Experience Education during the fall or spring semester. (During the summer session I will be enrolled in one course related to my occupational goal in addition to Work Experience). I declare that my occupational goal in the Statement of Cooperation is related to my field of work, and I understand that misrepresentation of information on this form or the Statement of Cooperation shall be grounds for dismissal from and/or forfeiture of credit from the Work Experience Program.

Student Signature



Student's Name:

Student's Signature:

WORK EXPERIENCE EDUCATION

PLEASE LIST MAJOR AREA COURSES COMPLETED AT CERRITOS COLLEGE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Write an accurate "Job Description" of your work duties. Describe your job as briefly as possible.

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE LIST CURRENT CLASS SCHEDULE

NAME OF CLASS	INSTRUCTOR	ROOM	TIME

APPLICATION APPROVAL

Instructor's Signature