

COMPLETE AND RETURN
TO YOUR INSTRUCTOR

COOPERATIVE 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 Code: _____

Job Title: _____ Length of Employment: _____

Employing Firm Name: _____

Firm 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 Cooperative Work Experience, including this term, will not exceed 16 units earned at all community colleges in California, including Cerritos College (California Administrative Code, Section 55253). I understand I must be enrolled in 7 units including Cooperative 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 Cooperative 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 Cooperative Work Experience Program.

Student Signature

Student's Name: _____

Student's Signature: _____

COOPERATIVE 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. _____

Student Name: _____ Home Phone: _____
(last) (first)

Work Phone: _____ Work Hours: _____

Lunch Hours: _____ Best day to visit your place of employment: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

APPLICATION APPROVAL _____
Instructor's Signature

PLEASE LIST CURRENT CLASS SCHEDULE

| NAME OF CLASS | INSTRUCTOR | ROOM | TIME |
|----------------------|-------------------|-------------|-------------|
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