MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT
COOPERATIVE WORK EXPERIENCE EDUCATION
APPLICATION

PLEASE TYPE:

SEMESTER: ____ Fall; ____ Spring; ____ Summer YEAR_____

Student's Last Name | First Name | SSN

Student's Address | City | Zip | Phone

Student's Email Address

Company's Name | Supervisor's Name | Phone

Company's Address | City | Zip

Type of Business | Student's Position | Volunteer/Paid

Student's Career Goal | Major

I enrolled in *EITHER* (check one) ____ [ ] 196 (occupational) *OR* _____ CED 195 (general) *OR* _____ CED 50
Is this your first semester in a Work Experience Program in California? Yes_____ No_____*
*If your answer is "No" how many total units of Work Experience have you earned?____

Hourly Pay Rate $_____.

Average weekly work hours | Work Exp. Units | Total Class Units Incl. Work Exp.

Days you work | Work Schedule | Best time to contact your supervisor

Student's Signature | Date | Work Experience Instructor's Signature

I am an owner, manager or supervisor and I am responsible for evaluating this student's work performance. I agree to support this student's success in Cooperative Work Experience Education by reviewing and approving learning objectives, signing monthly time sheets, meeting briefly with the course instructor, reviewing and signing the student's self-evaluation, and completing a one-page evaluation of the student at the end of the semester.

SUPERVISOR'S NAME (Print) | SUPERVISOR'S SIGNATURE | DATE

FOR OFFICE USE ONLY

Type _____ Section Number_____# of Units _____ Total CWE units _____

Entry Complete_____ E/L Letter Sent _____ Total class units _____

SAMPLE