



WORK EXPERIENCE EDUCATION CONSULTATION FORM

CTC/Student Employment Services, Southwestern College 900 Otay Lakes Rd. Chula Vista, CA 91910

STUDENT INFORMATION

Name: (Last):	(First):	(MI):	Student ID:
Phone No. (home):	Cell:	Email:	
College Declared Major:			
Career Goal:			

EMPLOYER INFORMATION

Company/Agency Name:		
Company/Agency Address:		
Company/Agency Website:		
Name of Supervisor:	Job Title:	Department:
Supervisor's Phone Number:	Supervisor's Email:	
Intern hours per week:	Is your internship (please check one): Paid: <input type="checkbox"/> Unpaid: <input type="checkbox"/>	

*** FACULTY USE ONLY ***

"STUDENT CONSULTATION" - **REQUIRED:** Two (2) Consultations, Initials & Dates

1. Comments:	Instructor Initial:	Date:
2. Comments:	Instructor Initial:	Date:

"EMPLOYER CONSULTATION/VISITATIONS" - **REQUIRED:** Check Off Option(s), Enter Notes, and Initial/Date

In-Person **OR** Alternative Method Of Contact: Phone Call Email Other:_____

***IF an "Alternative Method of Contact" was selected above, then you must check your reason below:**

Work Hours Outside of Instructor Hours Established Employer Other: _____

1. ***REQUIRED** -Notes are made for the outcome of these conversations/consultations with the employer

Enter Notes:

Instructor Initial: _____ Date: _____

Units Earned:	Final Grade:	Instructor Signature:	Date:
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Note: Instructors, please submit this form by the suggested deadline emailed to you- Thank you