



# WORK EXPERIENCE EDUCATION INFORMATION, VISITATION AND CONSULTATION

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

## STUDENT INFORMATION

Name: <i>(Last)</i> :	<i>(First)</i> :	<i>(MI)</i> :	Student ID:
Phone No. <i>(home)</i> :	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:	You must check one to determine number of hours required and units you will earn <b>Paid:</b> <input type="checkbox"/> <b>Unpaid:</b> <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