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|  | **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:**  **Unpaid:** | | | | | | | |
| **\*\*\* 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:** |

Note: Instructors, please submit this form by the suggested deadline emailed to you- Thank you

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