



# WORK EXPERIENCE EDUCATION (WEE) AGREEMENT

Southwestern College  
CTC/Student Employment Services  
Cesar E. Chavez Bldg. 68 - 208  
900 Otay Lakes Rd.  
Chula Vista, CA 91910  
Contact: Julie Swanson  
jswanson@swccd.edu

The student will comply with the Work Experience Education program guidelines and regulations. The agency and the college will provide necessary supervision and counseling to ensure that the student receives appropriate educational benefits from this work experience. The instructor will consult with the agency regarding the student's job performance and grant academic credit for successful completion of the internship. It is understood the college and agency will, as required by law, comply with all appropriate federal and state regulations. Pursuant to Labor Code Section 3368, workers' compensation coverage is provided for students enrolled in work experience classes through the Southwestern Community College District. Agency reserves the right to terminate a student due to unsatisfactory progress, or failure to meet work standards, at which time the college will be notified. The college reserves the right to terminate a student who may become ineligible, at which time the agency will be notified.

## SECTION 1: Type of company/agency: ☐ Business ☐ Non-Profit

Name of Company/ Agency:

Company Address:

City, State, Zip Code and Contact Number:

Name of Agency/ Supervisor:

Agency/Supervisor Email Address:

Internship Position Title:

Students Name (Last, First):

SWC ID:

Student Email Address:

Course-Section / Units / Semester / Year:

Name of Instructor:

This internship is: ☐ Unpaid ☐ Paid

## SECTION 2: JOB-ORIENTED LEARNING OBJECTIVES

Each semester, students in a Work Experience Education (WEE) course must identify and list new learning objectives ([SMART Goals](#)) before submitting this agreement for signatures. These goals should be specific, measurable, and achievable within the semester. The student, with approval from both the company supervisor and SWC Instructor, formulates the objectives. Any required revisions must be communicated to the instructor immediately. The undersigned agree with the validity of the job-oriented learning objectives listed below.

(Objective 1) Learn to:

(Objective 2) Learn to:

(Objective 3) Learn to:

Company/Agency Signature / Date

SWC Student Signature / Date

SWC Instructor Signature / Date

## SECTION 3: To be completed at the end of the semester or once work experience hours are finished

Verification of Work Experience: We verify that the above student has worked from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total \_\_\_\_ hours.  
Month Day Year Month Day Year

JOB-ORIENTED LEARNING OBJECTIVES ACHIEVED: Please share your observations on the student's progress toward the objectives and complete the rating scale.

Learning Objective 1: Outstanding ☐ Above Average: ☐ Satisfactory: ☐ Limited: ☐

Learning Objective 3: Outstanding ☐ Above Average: ☐ Satisfactory: ☐ Limited: ☐

Learning Objective 3: Outstanding ☐ Above Average: ☐ Satisfactory: ☐ Limited: ☐

AGENCY REPRESENTATIVE COMMENTS:

Company/Agency Signature

Date

SWC Instructor Signature

Date