



# WORK EXPERIENCE EDUCATION CONSULTATION FORM

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

## STUDENT INFORMATION

Name: <i>(Last)</i> :	Name: <i>(First)</i> :	Name: <i>(MI)</i> :	Student ID:
Phone No. <i>(home)</i> :	Cell:	SWC Email:	
College Declared Major:		Personal Email:	
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): <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