



WORK EXPERIENCE EDUCATION 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

SECTIONS 1 & 2: To be completed and submitted at the START of the semester.

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, the student enrolled in a Work Experience Education (WEE) course, is required to identify, and list new learning objectives, below, before turning in this agreement for signatures. Learning objectives ([SMART Goals](#)) should be specific, measurable, and within the student's ability to accomplish during the semester. **The student formulates the objectives, with the assistance and approval of both the company's/agencies supervisor and SWC Instructor.** Should a learning objective require revision at any time during the semester, the instructor must be notified immediately.

Objective 1:
Objective 2:
Objective 3:

Company/Agency Signature / Date

SWC Student Signature / Date

SWC Instructor Signature / Date

SECTION 3: To be completed at the END of the semester or as soon as the work experience hours have been completed by the instructor and Agency / Company Supervisor.

SECTION 3:

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 provide your observations on the student's ability to achieve the objectives identified at the start of the Work Experience opportunity by providing any additional comments and completing the rating scale.	Outstanding	Above Average	Satisfactory	Limited
Objective 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGENCY REPRESENTATIVE COMMENTS:				

Company/Agency Signature

Date

SWC Instructor Signature

Date