



# SADDLEBACK COLLEGE

28000 Marguerite Parkway • Mission Viejo, CA 92692  
949.582.4500 • www.saddleback.edu

CWE unit information CHART (*units are based on a total hours worked/volunteered during the semester*)

Paid employment		Unpaid/volunteer employment	
75 hours	= 1 CWE unit	60 hours	= 1 CWE unit
150 hours	= 2 CWE units	120 hours	= 2 CWE units
225 hours	= 3 CWE units	180 hours	= 3 CWE units
300 hours	= 4 CWE units	240 hours	= 4 CWE units

## Cooperative Work Experience (CWE)

### Spring 2015 Program Enrollment Application

Please complete and e-mail this form directly to the CTE Department Chair

#### Part I: Student Information

Last Name:				Student ID:	
First Name:					
Home Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			

#### Part II: CWE Information

Name of CTE program currently pursuing:				
Number of units currently enrolled in:		Number of CTE units completed to date:		
Choose CWE class start date:	<b>16-Week Session</b> Start Date: 01/20/15 Last day to register: 01/30 Units: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>12-Week Session</b> Start Date: 02/17/15 Last day to register: 03/02 Units: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>1<sup>st</sup> 8-Week Session</b> Start Date: 01/20/15 Last day to register: 01/28 Units: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>2<sup>nd</sup> 8-Week Session</b> Start Date: 03/30/15 Last day to register: 04/07 Units: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Internship employment status: <input type="checkbox"/> Paid Internship <input type="checkbox"/> Unpaid Internship	Number of hours to be worked weekly:		
Instructor preference, if any:				

#### Part III: Employment Information

Company Name:				Type of business:	
Street Address:			Your duties (marketing, etc.)		
City:		State:		Zip:	
Supervisor's Name:					
Supervisor's Phone Number:		Supervisor's e-mail address:			

#### Department Chair / CWE Instructor ONLY

Assigned CWE Instructor's Name:			CWE Ticket #	
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