

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) Job Oriented Learning Objectives FORM

Date:

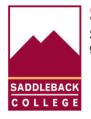
CWE ticket #:

Number of CWE units enrolling:

Part I: Student	Information				
Student Name:			Student ID:		
Phone Number:		Email Address:			
Part II: Employ	er Information				
Company Name:					
Company Address:					
Supervisor's Name:					
Supervisor's Phone Number:		Supervisor's Email Address:			
Part III: Instructor Information					
Instructor's Name:					
Phone Number:		Email Address:			
Part IV: Learning Objectives					
The College Work Experience program is designed to improve the student/employee performance on the job. The student must demonstrate the acquisition of new or expanded knowledge or responsibilities that should be specific, measurable and within the student's ability to accomplish during the given semester. Please use the space below to write three (3) measurable learning objectives.					
Objective #1:				Evaluation of Objectives (Grade: A, B, C, D)	

Objective #1:			(Grade: A, B, C, D)	
Write your Learning Objective in final format indicating how it will be accomplished.			Supervisor	Student
Student's Signature:		Date:		
Employer's Signature:		Date:		
Instructor's Signature:		Date:		

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Objective #2: Write your Learning Objective in final format indicating how it will be accomplished.			Evaluation of Objectives (Grade: A, B, C, D)	
			Supervisor	Student
Student's Signature:		Date:		
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Employer's Signature:		Date:		
Instructor's Signature:		Date:		

Objective #3: Write your Learning Objective in final format indicating how it will be measured and when will it be completed.			Evaluation of Objectives (Grade: A, B, C, D)	
			Supervisor	Student
Student's Signature:		Date:		1
Employer's Signature:		Date:		
Instructor's Signature:		Date:		

FOR INSTRUCTOR USE ONLY				
Part I. List TWO (2) Job-site visit dates:		Part II. List TWO (2) Student Conference dates:		
1⁵t site visit date:	In-personTeleconference	1 st student meeting date:	In-personTeleconference	
2 nd site visit date:	In-personTeleconference	2 nd student meeting date:	□ In-person □ Teleconference	
Comments:				