

Riverside Community College
 COOPERATIVE WORK EXPERIENCE EDUCATION
LEARNING OBJECTIVES

FORM
B

Please PRINT or TYPE all information

	Course Name	Class Code #
Student Name	ID No.	Date
Employer/Company Name _____		
Supervisor's Name/Title: _____	Phone Number: _____	
Email Address: _____	Cell phone: _____	
Alternate Contact Name: _____	Phone Number: _____	
Email Address: _____	Cell phone: _____	
What is your job title? _____	Average hours worked per week	How long have you been on this job?

LEARNING OBJECTIVES:

The College Work Experience program is designed to improve the student-employee's performance on the job. The student must demonstrate the acquisition of new or expanded knowledge or responsibilities that are to be achieved during the semester. Use the space below to write two (2) learning objectives.

1. I WILL _____

2. I WILL _____

I have reviewed the above objectives

Signature of Employer Representative: _____	(date)
Signature of Student _____	(date)
Signature of Instructor _____	(date)

"The employer assures compliance with state and federal guidelines and regulations regarding non-discrimination against any employee/student on the basis of race, religion, gender, disability, medical condition, marital status, age or sexual orientation in recruitment, hiring, placement of assigned tasks, hours of employment, levels of responsibility and pay. Harassment of any employee/student with regard to race, religion, gender, disability, medical condition, marital status, age or sexual orientation is strictly prohibited."