

**Foothill- De Anza Community College District**  
**Cooperative Work Experience Program (CWE) Campus**  
**FOOTHILL**  
**Application and Student Agreement**

Student ID Number / Units	Instructor/ CWE Course	Quarter & Year
Name: Last, First, MI (Please Print)	Employer	
Home Address	Area Code / Employer Phone	
City	Employer Address	
Area Code / Home Phone	City	
Area Code / Cell or Pager #	Zip	
E-mail Address	Immediate Job Supervisor	
Career Goal	Area Code / Supervisor Phone	
Job Assignment/Title		
Have you previously enrolled in CO-OP? YES _____ NO _____ Number of Weekly Hours Worked: _____ Work Schedule: _____		

**STUDENT AGREEMENT**

**The main objectives of the CWE Program are to help you:**

- Learn on your job
- Improve your job performance
- Accept new responsibilities and perform them successfully

**I agree to meet the following commitments to my employer and to the CWE Program, in order to receive credit for each term that I am enrolled in CWE Program:**

- I will work to achieve my on-the-job CWE learning/performance objectives.
- Be prompt with my job attendance; be appropriately groomed, honest, courteous, and willing to learn under supervision.
- Work 50 hours per quarter for each unit of credit in a paid employment, or work 40 hours per quarter for each unit of credit in unpaid community based learning position. (Unpaid positions must comply with all labor law requirements)
- If I am released from my employment, I understand that I need to notify my instructor, the office, and drop the course
- Complete and submit all required documents, written reports, and CWE Program time cards of my hours worked within the required time.
- Call and/or visit my CWE Instructor as required and comply with all reasonable requests.
- Notify my CWE Instructor of any changes in my academic or work schedule.
- I will notify my CWE Instructor in advance of my intention to drop the class or change employment.
- I have read all of the foregoing statements. And I accept and agree to fulfill these obligations to earn credit for participating in the CWE Program. I understand that my employer and my CWE Instructor will evaluate my work before I am allowed credit for the term's participation. I further understand that I will be subject to the current grading policies of Foothill College as well as the policies of the CWE Program.
- I authorize the Foothill-De Anza Community College District to give my employer information from my academic records that is needed to facilitate my participation in the Cooperative Education Program.

*For information on the District's policies and procedures regarding antidiscrimination and harassment, please refer to: The Foothill/De Anza web site at: <http://www.fhda.edu>; the Foothill College Catalog; the Foothill College Class Schedule; or the Dean of Student Activities at 650-949-7241.*

Student's Signature	Date	Instructor's Signature	Date
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[www.foothill.edu/coop](http://www.foothill.edu/coop)