

## Cooperative Work Experience Student Contact

YOSEMITE COMMUNITY COLLEGE DISTRICT				
I	Student Name] am registered in[Course Name]	Work Experience for	units	
I have met with my assigned faculty advisor or Work Experience Coordinator and reviewed the following:				
• I ha	I have been proved with the appropriate forms for Work Experience.			
• Goa	al and objectives for Work Experience.			
Agr	derstand it is the students' responsibility to return the eement and a signed copy of the Learning Objective lay of the third week of the semester.			
• I ha	ve been provided with written instructions regarding	the final paper.		
• I ha	ve been provided with a time card(s) to verify my hou	urs for Work Experience.		
	ive been advised that the final paper and employer si isor office by the end of the semester.	igned time card(s) are due at the	faculty	
• I un	derstand that Work Experience is available for Credi	t / No Credit grading only.		
	derstand that late papers or time cards will NOT be a de of No Credit.	accepted and will automatically re	eceive a	
	derstand that failure to meet any of the requirements de of No Credit being issued.	s by the dates listed above shall r	esult in a	
	rther understand should I wish to drop Work Experier The faculty advisor is not responsible and will not dr		ity to do	
stud	we been provided with the faculty advisor's office phodents' responsibility to notify the advisor of any chang rmation.			
	of these items have been explained to me. I have resterms at outlined above.	ad and understand them and I ag	gree to	
Student Sig	nature	Date		
Faculty Adv	isor	Date		