



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) 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: Employer 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: 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:
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:		
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:		
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:	
1 st site visit date:	<input type="checkbox"/> In-person <input type="checkbox"/> Teleconference	1 st student meeting date:	<input type="checkbox"/> In-person <input type="checkbox"/> Teleconference	
2 nd site visit date:	<input type="checkbox"/> In-person <input type="checkbox"/> Teleconference	2 nd student meeting date:	<input type="checkbox"/> In-person <input type="checkbox"/> Teleconference	
Comments:				