(CWE) Cooperative Work Experience

Misty Bateman; Program Manager
Clatsop Center for Business, Community, & Workforce Development
(503) 338-2507 | mbateman@clatsopcc.edu

Clatsop Community College

The CWE Office requires students to complete the CWE Application before registering for any CWE course.

Before you begin the application, make sure you:

1. Have your CWE site approved by Program Faculty
2. Have the following information:
   - Your Student ID#
   - Number of CWE credits you plan to take this term
   - CWE Site Information: Company Name, Address, Supervisor Name, Phone & Email

Your application may not be processed properly without this information.

Personal Information

Student ID_____

First Name_____ Last Name_____

Address _____
      Street   *City*   *State*   *Zip*

Phone Number_____

Email_____ Secondary email_____

Program Information

1. What is your Program of Study?   _____

2. Program Faculty or Faculty Advisor Name   _____

3. CWE Seminar Instructor Name   _____

4. Term to Participate in CWE   _____

CWE Work Site Information

1. How many CWE credits will you take in the chosen term?   _____

2. What is your work Start Date?   _____

3.   How many weeks will you be working at your CWE site during the Fall Term?   _____
(There are 11 weeks in a term.)

4.   Is this a Paid position?
        Yes   No

5.   Company Name   _____

6.   Company Address (street)   _____

7.   Company Address (City, State, Zip)   _____

8.   Company Phone Number   _____

12.   CWE Position Title: (what will your position be?) _____

13.   Position Description: _____

14.   Supervisor Name: _____

15.   Supervisor E-Mail: _____

15.   Supervisor Phone: _____

I certify that the information submitted in this application is complete and accurate to the best of my knowledge.
Student Name_____   Date_____