

Grossmont-Cuyamaca Community College District
Work Experience Agreement Transmittal Form

PLEASE PRINT

INSTRUCTOR'S NAME:

Last Name

First Name

MI

SEMESTER/YEAR

Grossmont _____ Cuyamaca **XX**

COURSE TITLE(S) **WEX 110 General Cooperative Work Experience**

SECTION NUMBER(S)

TOTAL NUMBER OF AGREEMENTS

Attached are completed and signed "Community Service Learning/Work Experience Agreements" for students enrolled in course title(s) and section number(s) listed above as of the 6th week of the semester or by the 3rd week of term if a first or second eight-week course (1/3 of the term of the course).

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

DEAN REVIEW & APPROVAL _____ DATE _____