

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
Cooperative Career Education/Work Experience, Community
Service Learning, Internship, and Field Experience Assignment
INSTRUCTOR STUDENT-EMPLOYER CONTACT RECORD

Cuyamaca ____

Instructor's Name _____ Course Title _____ Section # _____
Semester/Yr _____

VERIFICATION OF CONTACTS BY INSTRUCTOR

A	B	a.	b.	c.	d.	e.	f.		
Late Entry Date	Drop Date	On-Campus Student Conference	First On-The-Job Employer/Instructor Conference	Mid-Semester In-Service Preparation and Record Review	Second On-The-Job Employer/Instructor Conference	Second On-Campus Student Conference	End of Semester In-Service Preparation & Record Review		
								NOTE: Instructor indicates date contacts completed in columns a.-f. and submits to Division Dean.	
								<div style="display: flex; justify-content: space-between;"> <div>_____ Instructor's Signature</div> <div>_____ Date</div> </div>	
								<div style="display: flex; justify-content: space-between;"> <div>_____ Dean's/Director's Signature</div> <div>_____ Date</div> </div>	
								<div style="display: flex; justify-content: space-between;"> <div>_____ Vice-President's Signature</div> <div>_____ Date</div> </div>	
Indicate date contact completed for each student								Enrolled Students' Names	Students' ID#
								1.	
								2.	
								3.	
								4.	
								5.	
								6.	
								7.	
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								16.	
								17.	
								18.	
								19.	
								20.	