



Dear Employer:

Your employee has enrolled in a class at Gavilan College called Cooperative Work Experience (CWE). It is very important that we receive acknowledgement that you are willing to cooperate in the Work Experience Program. If you have any questions, please call me, Annette E. Gutierrez (Instructor), at 408-848-4798 or email agutierrez@gavilan.edu. Thank you for participating in this Cooperative Education Program.

I ACKNOWLEDGE THAT _____ IS EMPLOYED OR IS A VOLUNTEER WITH THIS COMPANY AND WILL BE EARNING COLLEGE CREDIT FOR MEASURABLE EXPERIENCES GAINED ON THE JOB. I understand the purpose of CWE. I am willing to cooperate with _____ ensure that the student obtains a beneficial learning experience. I agree that the student will be accepted and assigned to jobs otherwise treated without regard to race, color, sex, national origin or disability.

I certify this company does not discriminate on the basis of race, sex, color, religion, national origin, disabled or veteran status in the provision of educational programs and services or the employment process, pursuant to Federal and State statutes and regulations pertaining to unlawful discrimination.

Name of Company	Contact Name
Email Address	Title
Address	City/State/Zip Code
Signature of Supervisor	Date

(This form is due by the end of the 2nd week of each term enrolled)