Career Services ♦ Student Community Center 118 ♦ 973-328-5245 ♦ career-services@ccm.edu

# COOPERATIVE WORK EXPERIENCE JOB DUTIES FORM
# EARLY CHILDHOOD EDUCATION (2940) / EARLY CHILDHOOD DEVELOPMENT (5134)

Student _____ Semester _____

Employer _____

Employer Address _____
Street City State Zip

Supervisor Name _____ Supv. Phone _____

Supervisor E-Mail _____

Thank you for offering our student a Cooperative Work Experience with your organization. Information on the Cooperative Work Experience expectations is provided in the attached COOPERATIVE WORK EXPERIENCE APPROVAL FORM.

Please summarize below the activities that the student will be engaged in during the semester:

_____

_____

_____

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_____

_____

_____

Signatures:

_____
Employer Supervisor Date

Melissa Kasmin
Faculty Advisor Date

_____
Student Date

***Faculty Use Only:*** Please register this student for Course #(s) _____ /Term _____