

BUTTE COMMUNITY COLLEGE DISTRICT
WORK EXPERIENCE EDUCATION (WEX)
WEX INSTRUCTOR REPORT OF CONSULTATION

Consultation for the (check one) Fall ___ Winter ___ Spring ___ Summer ___ Year _____

Student Name _____

Employer/Supervisor Name _____

Instructor Name _____

WEX Course _____

Instructor Consultation with Supervisor Regarding the Fulfillment of Objectives Date _____

Comments:

Instructor Consultation with Student Regarding the Fulfillment of Objectives Date _____

Comments:

Final Grade Issued: _____

CERTIFICATION

I hereby certify that I have completed a consultation with the employer /supervisor and the student to evaluate the student's fulfillment of learning objectives .

Work Experience Instructor Signature

Date Signed