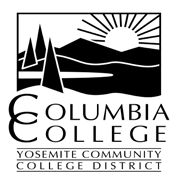
****

**Cooperative Work Experience Record of Employer Visitation**

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| --- | --- | --- |
| **Student Information** | **Student Name:** |  |
| **Faculty Advisor Name:** |  |
| **Work Site Location:** |  |
| **Contact #:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Visit One** | **Date of Visit:** |  | | | |
| **Person Contacted:** |  | | | |
| **Type of Visit:** | **❑ Personal Call** | **❑ Telephone Call** | **❑ Other** | |
| **Student Performance:** | **❑ Outstanding** | **❑ Good** | **❑ Fair** | **❑ Poor** |
| **Comments:** |  | | | |
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| --- | --- | --- | --- | --- | --- |
| **Visit Two** | **Date of Visit:** |  | | | |
| **Person Contacted:** |  | | | |
| **Type of Visit:** | **❑ Personal Call** | **❑ Telephone Call** | **❑ Other** | |
| **Student Performance:** | **❑ Outstanding** | **❑ Good** | **❑ Fair** | **❑ Poor** |
| **Comments:** |  | | | |
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**5/2018**