

**PENSACOLA STATE COLLEGE
COOPERATIVE EDUCATION
FACULTY VISITATION REPORT**

SEMESTER _____

STUDENT EMPLOYEE _____ STUDENT NUMBER _____

JOB TITLE OR FUNCTION _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
(no. & street) (city, state, zip)

OBSERVATIONS CONCERNING STUDENT _____

OBSERVATIONS CONCERNING EMPLOYER _____

COMMENTS _____

INTERVIEW WITH STUDENT YES _____ NO _____

INTERVIEW WITH SUPERVISOR YES _____ NO _____

CDA OR COORDINATOR'S SIGNATURE _____ DATE _____