



TIDEWATER COMMUNITY COLLEGE  
From here, go anywhere.™



**Cooperative Education Program  
TCC - Virginia Beach Campus  
Student Employment Services/Cooperative Education Office  
1700 College Crescent, Kempsville Building, Room D-105  
Virginia Beach, VA 23453  
Office: (757) 822-7228 Fax: (757) 822-7232**

**Measurable Learning Objective Form  
Fall Semester 2009**

**PLEASE PRINT OR TYPE LEGIBLY**

This form must be completed and returned to Room D-105 by \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ EmplID \_\_\_\_\_

Subject \_\_\_\_\_ Catalog Number \_\_\_\_\_ Class Section Number \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Would you like your student evaluation form emailed to you? Yes  No

Student's Job Title and Job Description \_\_\_\_\_

Total Co-op Credits This Semester \_\_\_\_\_  
(Student must work 80 hours per credit)

Total Hours Required to Work This Semester \_\_\_\_\_

Student's Supervisor's Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Employing Firm's Name \_\_\_\_\_

Employing Firm's Address \_\_\_\_\_

Building & Code Numbers \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Supervisor's E-mail Address \_\_\_\_\_

Student's Work Phone Number \_\_\_\_\_

