CLARK COLLEGE COOPERATIVE EDUCATION
PUB 002| 1933 Fort Vancouver Way, Vancouver, WA 98663-3598 | (360) 992 2391

Co-op Log of Hours

Student Name _____ Quarter _____ Year _____ Number of Co-op Credits _____
Co-op Instructor's Name _____ Instructor Phone _____

1 credit:	**Per 30 hours of work experience/quarter (when enrolled in a Co-op seminar)**
1 credit:	**Per 50 hours of work experience/quarter (seminar waived)**

Note: Ask your Work Supervisor to talk to your Co-op Instructor by the end of the 4th week to discuss your progress.

Date	Task / Accomplishment	# of Hours