



**SAN DIEGO  
COMMUNITY COLLEGE  
DISTRICT**

# San Diego Community College District Cooperative Work Experience Education Program Application

<b>Semester</b>	<b>Year</b>
Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	

CRN:	Course # : 270 <input type="checkbox"/> 272 <input type="checkbox"/> Campus: City <input type="checkbox"/> Mesa <input type="checkbox"/> Miramar <input type="checkbox"/>	# Units:
------	--	----------

### STUDENT INFORMATION

Last Name:	First Name:	Student ID:
Address:		City:
Home Phone:	Cell Phone:	Email:
In Case of Emergency Contact:		Occupational Goal:
Emergency Contact's Phone:		
Declared Major:		Total work experience units completed:

### EMPLOYMENT/INTERNSHIP/VOLUNTEER INFORMATION

Your Work Title:	How long have you worked/volunteered for this company:	How long in this position:
Is your position: Paid <input type="checkbox"/> non-paid <input type="checkbox"/>	Can you be reached at work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone #:
Rotating/Variable Schedule: Yes <input type="checkbox"/> No <input type="checkbox"/>	Total hours work/volunteer per week:	Do you work with hazardous materials? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you operate a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you work under the supervision of a District Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you work with juveniles? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Work Schedule:</b>	Sun	Mon
	Tues	Wed
	Thurs	Fri
	Sat	
<b>Enter Shift Hours Include am/pm</b>		

### COMPANY INFORMATION

Company Name:							
Address:				City:		Zip Code:	
Work/Internship Site Address (if not same as company address):				City:		Zip Code:	
Supervisor/Mentor Name:			Title:			Office Phone: ( ) ____ / ____	
Supervisor/Mentor Email Address:			Cell Phone: ( ) ____ / ____			Fax: ( ) ____ / ____	

### STUDENT AUTHORIZATION

As a Work Experience student, I understand my Instructor/Coordinator will be providing information about my work experience educational activities and enrollment to my Employer/Mentor and my Employer/Mentor will be providing information to my Instructor/Coordinator concerning my educational job-related objectives. Sign & Date at 1st in-person meeting

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

#### Site Visit 1

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

#### Site Visit 2

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Dropped/Withdrew: Date: / /	Course Completed: Total Hours:	Final Grade:	Comments:
Instructor/Coordinator Signature:			Date: