



San Diego Community College District Cooperative Work Experience Education Program Application

Semester	Year
Fall <input type="checkbox"/> Spring <input type="checkbox"/>	
Summer <input type="checkbox"/>	
VA Benefits <input type="checkbox"/>	
Financial Aid <input type="checkbox"/>	
International Student <input type="checkbox"/>	
Over 18 yrs of age <input type="checkbox"/> yes <input type="checkbox"/> no	

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

STUDENT INFORMATION			
Last Name	First	Student ID	M <input type="checkbox"/> F <input type="checkbox"/>
Address		City	Zip
Home Phone	Cell Phone	e-mail	
Declared Major		Occupational Goal	
Educational Goal	Certificate <input type="checkbox"/> AA/AS <input type="checkbox"/> Transfer <input type="checkbox"/>	Total work experience units completed	

EMPLOYMENT/ INTERNSHIP INFORMATION							
Your job title		How long have you worked 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"/>			Phone		
Rotating/varying schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total hours work per week					
Work Schedule:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Enter shift hours Include a.m. / p.m.							

COMPANY INFORMATION			
Company Name			
Address		City	Zip
Work/Internship site address (if not same as company address)		City	Zip
Supervisor/ Mentor	Title	Phone	
e-mail address	Cell Number	Fax	
Special worksite access requirements (such as base pass, private security, parking permit / parking availability):			
Please specify any days / hours that are not good for scheduling worksite visits between you and your supervisor (including travel, conference dates, vacations, etc.)			

STUDENT AUTHORIZATION	
<ul style="list-style-type: none"> • Non-Discrimination Policy: It is the policy of San Diego Community College District to provide all persons with equal employment and educational opportunities regardless of race, color, sex, religion, national origin disability, marital, or Vietnam-era veteran status. • 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. <p style="text-align: center; color: red; margin-left: 200px;">Sign & Date in person with Instructor</p>	
Student Signature _____	Date _____

FOR OFFICE USE			
Conference dates:	(1)	(2)	
Student consultation notes _____ _____ _____			
Dropped / Withdrew <input type="checkbox"/>	Course Completed <input type="checkbox"/>	Final Grade	Comments
Date / /	Total Hours		
Instructor / Coordinator Signature _____			Date _____