

**COOPERATIVE WORK EXPERIENCE
STUDENT INFORMATION SHEET**

Semester: FALL 2009

Course *already* taken: (circle): 1x 2x 3x

Referred to Work Experience by? - Counselor – Mailer – Friend – Other: _____

Section #'s: _____ Work Experience Advisor: _____

I. STUDENT INFORMATION

Name: _____ I.D. #: _____

Home Phone #: _____ Cell Phone: _____

Work Phone # & Extension: _____ Pager: _____

E-Mail: _____ FAX: _____

Mailing Address: _____ City: _____ Zip: _____

II. EMPLOYMENT INFORMATION

Business Name: _____ Supervisor: _____

Business Phone & Ext.: _____

Company Address: _____ City: _____ Zip: _____

Number of hours you work per week: _____ Job Title: _____

Student employed in this position since: _____

III. CLASS/EDUCATION INFORMATION

1. What is your long-term major and/or career goal? _____

2. Please list the classes in which you are currently enrolled:

Class	Units	Class	Units
_____		_____	
_____		_____	
_____		_____	

3. Are you enrolled in: _____ **General** Work Experience (151/151L) **or**
_____ **Occupational** Work Experience (252/252L)

I understand that to qualify for this program, I must be working at least 5 hours per week. I agree to be responsible for initiating, coordinating, and completing all appointments and academic requirements for the Work Experience Program. In addition, I understand that my supervisor (or a designated representative) will participate in a job-site visit. I know that I may be withdrawn from the class or receive a failing grade if attendance or other required work is unsatisfactory.

Student Signature: _____ **Date:** _____