

Work Experience Education Application & Agreement Woodland Community College

Course Information:

1. Have you taken this course before? Yes No
2. How many units are enrolling in? 1 2 3 4

Student Information:

Student ID#: _____ Student Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

What is your college major (you can list undecided)? _____

What is your career goal (you can list undecided)? _____

What is your educational goal? (check all that apply)

Associate Degree Certificate Undeclared Transfer Career/Job Development

Statement of Understanding:

As a student enrolled in the Work Experience class, I understand to receive credit I must attend the orientation and progress meetings and return all forms by the designated deadlines. I understand that if I do not meet the Work Experience criteria, I may be dropped or end up with no credit. By signing this I acknowledge that I have received the Work Experience forms and syllabus and that I understand my responsibilities as a student in the class and I will upload all my completed forms to Canvas.

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Date: _____

Employer Use Only

Agency/Company Name: _____

Address: _____ City: _____ Zip Code: _____

Supervisor Name: _____ Supervisor Job Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Department: _____ Student Job Title: _____

Good days/times to contact supervisor: _____

Is this position: Job Volunteer Paid Internship Unpaid Internship

Employer's Responsibilities:

1. To provide an on-the-job learning environment through employment for the student during the college session in which he/she is enrolled.
2. To assist student in developing and accomplishing meaningful learning objectives.
3. To work closely with the coordinator or instructor and evaluate the student's performance.
4. To verify hours of work and attendance for college records.

Supervisor's Signatures: _____ Date: _____