

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT



APPLICATION FOR COOPERATIVE WORK EXPERIENCE EDUCATION CLASSES

Semester: Fall
 Spring
 Summer
 Year: _____

CRN	COURSE	UNITS

STUDENT INFORMATION

Student I.D. #: _____ Male Female Day _____ Evening _____
 Phone #: _____ Phone #: _____

Name: _____
 (last) (first) (middle)

Address: _____
 (number) (street) (city) (zip)

Your Major: _____ Occupational Goal: _____

I am currently enrolled in an occupational program. yes no

I am now taking _____ units of college credit besides work experience. (7 units total required Spring & Fall, or alternate plan) (one other class Summer)

I have completed _____ units of Work Experience prior to this semester.

Work Experience Employer (Company Name): _____

Address: _____
 (number) (street) (city) (zip)

Supervisor: _____
 (name) (title) (phone)

Your Position: _____ Hours per week: _____ paid unpaid

How long have you had this position? _____ Description of Duties: _____

Student Signature: _____ Date: _____

FOR FACULTY USE ONLY

1. Worksite Contact: _____ Date: _____

Comments: _____

2. Worksite Contact: _____ Date: _____

Comments: _____

 Instructor Signature/Date