



COOPERATIVE WORK EXPERIENCE APPLICATION

STUDENT INFORMATION:

Instructor Name _____ Course Number _____ Reference Number _____ Section Number _____ # of Units _____
 Name: _____
 Last _____ First _____ Middle Initial _____ Student ID Number _____
 Address: _____
 Street _____ City _____ Zip Code _____
 Phone: (_____) _____ (_____) _____ (_____) _____
 Home _____ Work _____ Cell _____
 I have completed _____ units in Work Experience. E-mail Address: _____
 My Major is: _____ My Occupational Goal is: _____

WORKSITE INFORMATION:

Name: _____
 Company or Employer _____ Name of Supervisor _____
 Company Address: _____
 Street _____ City _____ Zip Code _____ Phone Number _____
***** PLEASE ATTACH MAPQUEST OR PROVIDE DRIVING DIRECTIONS TO YOUR WORKSITE ON REVERSE SIDE OF THIS FORM*****
 My job title is: _____ My job is for: PAY VOLUNTEER
 My Work Schedule is: _____ to _____, _____ to _____
 My job duties include: _____
IF YOU DO NOT WORK AT THE ABOVE ADDRESS, PLEASE LIST YOUR JOB SITE BELOW

 Street _____ City _____ Zip Code _____ Phone Number _____

All of the above is true to the best of my knowledge _____

Student Signature _____

Date _____

• FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY

SITE VISITATION:

Date	Talked To	Made By
Remarks: _____		

Student Consultation: _____		
Insurance Letter: Sent _____		

Number of Units: _____	Objectives Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PAY	Total Hours: _____
Objectives: _____	Work Habits: _____
Term Paper: _____	Final Grade: _____