Semester: Fall □  Spring □  Summer □  Year: ___ ___ ___

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STUDENT INFORMATION

Student I.D. #: __ __ __ - ___ - ___ ___ Male □ Female □ 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

White – Work Experience Office  •  Canary – Instructor/Dept. Chair  •  Pink – Student