**SAN FRANCISCO COMMUNITY COLLEGE DISTRICT**

**APPLICATION FOR COOPERATIVE WORK EXPERIENCE EDUCATION CLASSES**

Semester: Fall ❑

|  |  |  |
| --- | --- | --- |
| **CRN** | **COURSE** | **UNITS** |
|  |  |  |
|  |  |  |

Spring ❑

Summer ❑

Year:

**STUDENT INFORMATION**

Student I.D. #:

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.

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:

1. Worksite Contact:

Date:

Comments:

Instructor Signature/Date