



## Work-Based Learning Experience Application

*This form must be signed and submitted to the Work-Based Learning Coordinator (Potter Center Room 213) at least one semester prior to the desired semester with current resume attached or uploaded to College Central Network.*

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Planned Internship Semester:    Fall                  Winter                  Spring                  of 20\_\_\_\_\_

Program of Study \_\_\_\_\_ Planned Graduation: \_\_\_\_\_ of 20\_\_\_\_\_

Current Credits Earned:        1-15                  16-30                  31-45                  46-60

Current number of credits enrolled in: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Completed Courses in Associate Program:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Faculty Sponsor \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_