



Jackson College Work-Based Learning Experience Application

This form must be signed and submitted to the Jackson College Employment Hub (Bert Walker Suite 148 or 124)

Name: _____ Student ID# _____

Email: _____ Phone: _____

Mailing Address: _____

Planned Internship Semester (Fall, Spring, or Summer): _____ of 20 _____

Program of Study _____ Planned Graduation Date: _____

Do you have a site for your Internship? YES NO If Yes, Name site location: _____

Current Credits Earned: _____ Current GPA: _____

Completed Courses in Associate Program:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Faculty Sponsor _____

Faculty Signature _____ Date _____

Student Signature _____ Date _____