

Student Application

Student Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Program of Study: _____ Associate Diploma Certificate (check one)

Emergency Contact: _____ Phone Number: _____

Are you 18 years old or older? Yes No Are you on an F-1 Visa? Yes No N/A

Can you provide a professional resume to the Workplace Learning Office? Yes No

Are you able to pass a background check and/or drug test, if it was required? Yes No

Please note: A "no" answer does not necessarily exclude you from consideration.

When will you be able to participate? Fall Spring Summer (check one)

How many hours per week can you work? _____

Will you be using your place of employment for your work-based learning experience or internship? Yes No

(meaning...you were employed with this company BEFORE you started your work-based learning experience)

If yes, list the **name of the company** you work for: _____

Date of Hire with this employer (month & year): _____

Statement of Understanding

In signing this application, I hereby grant permission to the Workplace Learning Office to obtain copies of my academic transcripts and grade reports, (pursuant to Section 438(b) 4(B) of the Family Education Rights and Privacy Act of 1974) . In addition, I grant the Workplace Learning Office permission to forward to any employing organization my academic grades and any information the college may deem necessary to assist me in securing a work-based learning experience, to all actual and prospective employers.

I understand that the information I have provided here will be revealed to an employer/work site supervisor and other Central Piedmont Community College faculty and staff during the process of arranging a Co-op or internship.

Work-based learning classes only: I understand that Cooperative Education is a graded, academic class. I agree to register and pay tuition as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit or 320 hours for 2 credits. I understand that I am expected to complete the necessary hours and work throughout the semester.

I understand that information given to me by the Workplace Learning Coordinator about current paid work-based learning experience positions should not be shared with other students or community members to ensure work-site confidentiality.

By signing below, I state that I have read, fully understand, and agree to abide by the above statements.

Student Signature: _____ Date: _____