



**ALLAN HANCOCK COMMUNITY COLLEGE
COOPERATIVE WORK EXPERIENCE STUDENT DATA FORM**

Semester: Fall Spring Summer **Year:** _____ **CWE Instructor:** _____

This program is open to all students of Allan Hancock Community College District without regard to race, color, sex, religion, age, national origin, or disability.

STUDENT INFORMATION

Name: _____
Last First Initial

Student I.D. Number: **H** _____

Address: _____

City: _____ Zip: _____

Phone: (____) _____

Email: _____

PROGRAM FOR WHICH YOU ARE APPLYING

- CWE 149 – Occupational (Job does relate to major) New CWE Student
 CWE 302 – General (Job does not relate to major) Returning CWE Student

Is your academic credit based on: Job Internship

How many units are you taking this semester? _____
(Including CWE)

What is your College Major? _____

What is your Career Goal? _____

EMPLOYMENT INFORMATION

Agency or Company Name: _____

Address: _____

City: _____ Zip: _____

Work Phone: (____) _____

Website: _____

Job Duties: _____

Employer/Supervisor: _____

Best Time to Call Supervisor: _____

Work Phone (____) _____

Email: _____

Is this job/internship Paid Or Unpaid

Number of Hours Weekly: _____

Work Schedule: List your hours worked each day

M____ T____ W____ THR____ Fri____ Sat____ Sun____

WORK EXPERIENCE INFORMATION

Credit will be earned at the rate of 75 hours paid or 60 hours of unpaid work per unit. A maximum of 3 units for General Work Experience (CWE 302) and 4 units of Occupational Work Experience (CWE 149) may be earned during the semester.

Total Work Experience Units I plan to enroll in and complete based on the number of work hours I will be working this semester:

- 1 2 3 4

The information stated above is correct: _____ Date: _____

Student Signature

OFFICE USE ONLY

- Occupational Work Experience: CRN # _____ General Work Experience: CRN # _____
 Release of Liability & Medical Treatment Authorization Completed Workers' Compensation – Pre-Designation of Personal Physician Completed