



**ALLAN HANCOCK COLLEGE
WORK EXPERIENCE EDUCATION
STUDENT DATA FORM**

Semester: ☐ Fall ☐ Spring ☐ Summer **Year:** _____ **Instructor Name:** _____

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

☐ WEE 149 – Occupational
(Job does relate to major) ☐ WEE 302 – General
(Job does not relate to major)

☐ Other Occupational (149): _____

Have you enrolled in work experience before?

☐ New WEE Student ☐ Returning WEE Student

Is your academic credit based on: ☐ Job ☐ Internship

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

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 ☐ Unpaid

Number of Hours Weekly: _____

Work Schedule: List your hours worked each day

M____ TU____ W____ TH____ F____ SAT____ SUN____

WORK EXPERIENCE INFORMATION

Credit will be earned at the rate of 54 paid or unpaid hours per unit.

A maximum of 3 units for general Work Experience Education (WEE 302) and 4 units of occupational Work Experience Education (WEE 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 Other Units: _____

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