

## STUDENT DATA FORM

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you taking this course for credit based on your JOB or an INTERNSHIP? \_\_\_\_\_

Career Goal: \_\_\_\_\_

Education Goal: \_\_\_\_\_ Certificate \_\_\_\_\_ Degree Major: \_\_\_\_\_

Total number of units enrolled in this semester: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Work Hours & Days: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TR \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_

*Credit will be earned at the rate of 75 hours paid or 60 hours of unpaid work per unit, up to 3 units per semester. The total Work Experience Units I plan to enroll in and complete based on the work hours I will complete this semester is:*

**One (1)      Two (2)      Three (3)**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisors Email: \_\_\_\_\_

Supervisors Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Prefer Method of contact: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Either

*This is an independent study course that does not require regular on-campus attendance. There is a **required 1 hour orientation**, on-campus, during the first week of school. Please select which days and times work best for you to attend this orientation.*

**Mondays      Tuesdays      Wednesdays      Thursdays      Fridays      NONE**  
*AM or PM      AM or PM      AM or PM      AM or PM      AM or PM*

*There is also a **required 1 hour onsite consultation with you and your supervisor** the second week of school to set your learning objectives. Please consult with your supervisor and select which days and times work best for this meeting.*

**Mondays      Tuesdays      Wednesdays      Thursdays      Fridays      NONE**  
*AM or PM      AM or PM      AM or PM      AM or PM      AM or PM*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_