

Work Experience Application

High School Credit

Name _____ Grade _____ Date _____

Email _____ Phone _____

of credits requested _____ Projected total hours _____

Place of employment _____

Job Title _____

Please describe the work you do and the job responsibilities expected of you:

By submitting this application, I understand that I am to complete the hours necessary to earn the credits listed above. I will provide proof of my hours to be added to my student file in a timely manner. I understand that if I do not submit proof of my hours by the end of the term then I cannot receive the work experience credit for the specified term.

Student Signature

Counselor Signature

Parent Signature

Program Coordinator Signature: _____

Approved

Denied

Comments: