

Work Experience

CWE-181

Application

Work Experience CWE -181 Credit Application

Name _____ Grade _____ Date _____

E-mail _____ Phone _____

Number of credits requested _____ Projected Total Hours _____

Place of Employment _____

Job Title _____

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

Supervisor's Name _____ Phone _____

E-mail _____

By signing this application, I understand and agree to support the above student in the progress of their training plan and work evaluation as is necessary for the successful completion of the Work Experience CWE-181 program, where the student will potentially be earning both high school and college credit.

Student Signature

Supervisor Signature

Parent Signature

Counselor Signature

Program Coordinator: _____ Approved _____ Denied _____

Comments: