

EXPERIENTIAL LEARNING APPLICATION

Spokane Falls Community College Workforce Education MS 3240 3410 W Fort George Wright Dr Spokane WA 99224-5288

509-533-7249 FAX 509-533-8681

☐ Co-op ☐ Internship ☐ Volunteer ☐ Service-Learning ☐ Job shadow ☐ Other ☐ Paid ☐ Unpaid						
QUARTER/YEAR: 🗌 Fall	Winte	r S	pring	Summer	Date	
Student's name	Stu	dent identification	number	Major		
Address Phone						
Address				Frione		
City			State	ZIP		
INFORMATION NEEDED:						
1. Resume						
2. Transcripts: ☐ High schoo	l or GED (if firs	t quarter) 🔲 Co	ollege (after cor	npletion of one	quarter)	
3. Complete class schedule b	elow					
l Have you been awarded work	study? Yes	□No				
Do you have transportation? [☐ Yes ☐ No					
Anticipated date of graduation						
l Are you legally entitled to worl	c in the U.S.?	Yes 🗌 No				
Do you have a valid Washingt	on driver's licer	ıse? ☐ Yes ☐ I	No			
STUDENT TRAINING AND CLASS SCHEDULE Please write in class titles and room numbers include work schedule too.						
Time Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30-8:30am						
8:30-9:30am						
9:30-10:30am						
10:30-11:30am						
11:30-12:30pm						
12:30-1:30pm						
1:30-2:30pm						
2:30-3:30pm						
3:30-4:30pm						
4:30-5:30pm						
5:30-6:30pm						
Other						
Referral for appointment:						
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Original - Workforce Office

Copy - Coordinator