

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



**Spokane Falls Community College**  
 Workforce Education MS 3240  
 3410 W Fort George Wright Dr  
 Spokane WA 99224-5288  
 509-533-3148  
 FAX 509-533-4162

## EXPERIENTIAL LEARNING APPLICATION

Co-op   
  Internship   
  Volunteer   
  Service—Learning   
  Job shadow   
  Other \_\_\_\_\_  
   
  Paid   
  Unpaid

QUARTER/YEAR:   
 Fall \_\_\_\_\_   
 Winter \_\_\_\_\_   
 Spring \_\_\_\_\_   
 Summer \_\_\_\_\_   
 Date \_\_\_\_\_

Student's name	Student Identification number	Major
Address	Phone	
City	State	ZIP

**INFORMATION NEEDED:**

1. Resume
  2. Transcripts:   
 High school or GED (if first quarter)   
 College (after completion of one quarter)
  3. Complete class schedule below
- Have you been awarded work study?   
 Yes   
 No  
 Do you have transportation?   
 Yes   
 No  
 Anticipated date of graduation \_\_\_\_\_  
 Are you legally entitled to work in the U.S.?   
 Yes   
 No  
 Do you have a valid Washington driver's license?   
 Yes   
 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:		
Coordinator	Department	Office location

White—Workforce Office

Yellow—Coordinator