



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 _____

Original - Workforce Office

Copy - Coordinator