

Please complete this form (type or print) and submit to the Faculty Coordinator in your department for approval.

Student Name	Student ID		
Street Address	City	State	Zip
Cell Phone	Work Phone		
Primary Curriculum	Secondary Curriculum		
When do you want to participate in Work-Based Learning?	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
How many hours a week are you available to work?	_____		
Are you currently employed in your field of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, are you actively searching for employment? Please work with Career and Employment Resource office for assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you complete a work-based learning experience with your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list your employer's name and current job title & date hired :			
Employer's Name	Current Job Title	Date Hired	

Permission to Register for WBL Course

Students will be permitted to register for a WBL course when (1) the student's approved employment has been verified by the Faculty Coordinator and (2) all required WBL documents have been received by the Faculty Coordinator.

Statement of Understanding

In signing this application, I hereby grant permission to, pursuant to Section 438(b) 4(b) of the Family Education Rights and Privacy Act of 1974, the Work-Based Learning Office to obtain copies of my academic transcripts and grade reports. In addition, I grant the Work-Based Learning Office permission to forward to any employing organization my academic grades and any information the college may deem necessary to assist me in securing a Work-Based Learning experience, to all actual and prospective employers.

I understand that the information I have provided here will be revealed to an employer/work site supervisor and other Wake Technical Community College faculty and staff during the process of arranging a work experience.

Work-Based Learning participants: I understand that Work-based Learning is a graded, academic class. I agree to **register** and **pay tuition** as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit, 320 hours for 2 credits, and 480 hours for 3 credits. I understand that I am expected to complete the necessary hours for my work experience and work throughout the semester as part of my Work-based Learning course.

I understand the College does not guarantee employment to any student or employees to any employer.

By signing, I stated that I have read, fully understand, and agree to abide by the statements:

Student Signature	Date	Student WTCC E-mail	@my.waketech.edu
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Faculty approval for work-based learning experience

Program Code: _____ Catalog Year: _____ Program GPA: _____ WBL Course# _____

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel) which shows the correct course this student should register for based on the program of study.

OR

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel) and have submitted a course substitute form to enable this student to be eligible for the above WBL course.

Faculty Comments: (Please indicate here if student is already working, has found employment or is looking for employment)

I verify that _____
(Student Name Printed) (Wake Tech ID)

Meets the eligibility requirements listed below for Work-Based Learning and has my recommendation to participate in a work experience.

Faculty Representative Name Phone #

Faculty Representative Signature Date

College Criteria for Student Participation in Work-Based Learning

- Be enrolled in an approved Wake Tech Program of Study that offers Work-Based Learning (Co-op).
- Have a minimum of 2.0 GPA or higher (some programs require a 2.5 GPA).
- Successfully completed at Wake Tech a minimum of 14 semester credit hours in the Major Requirements of your Program of Study.
- Successfully met department eligibility requirements for your Program of Study (if required).
- Be reviewed for participation by your Academic Faculty Advisor.