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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | | | | 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 | |  | | | Winter | | | |  | | Spring | | | | |  | | Summer | | | | | |  | | Date | |  |
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| Student’s name | | | | | | | | | | Student identification number | | | | | | | | | | | | | Major | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | |
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| 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 | |  | | | |  | | | | |  | | | | | |  | | |  | | | | | |  | | | |  | |
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| Referral for appointment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coordinator |  | | | | | | | | Department | | | |  | | | | | | | | | Office Location | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Original - Workforce Office | | | | | | | | | | | | | | | | Copy - Coordinator | | | | | | | | | | | | | | | |