

# COOPERATIVE WORK EXPERIENCE EDUCATION PARALLEL PLAN APPLICATION

**Print Firmly and Legibly**

Facilitator \_\_\_\_\_ Section # \_\_\_\_\_ for units \_\_\_\_\_ Total Hours Required \_\_\_\_\_

Date \_\_\_\_\_

Semester: Spring  Summer  Fall  Year \_\_\_\_\_ Student ID Number \_\_\_\_\_

16 Week - or -  8 Week No. of previous Work Experience units completed \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Street Address City Zip Code Other Phone (Pager, Message, etc.) ( ) \_\_\_\_\_

College Major \_\_\_\_\_ Career Goal \_\_\_\_\_

Educational Goal: Certificate Program  A..A.. Degree  Bachelors Degree

Classes completed related to major \_\_\_\_\_

Number of units completed \_\_\_\_\_  
G.W.C. Other College/s Name of College/s Are these transcripts on file at G.W.C.? Yes \_\_\_ No \_\_\_

Classes enrolling this semester \_\_\_\_\_ No. Units \_\_\_\_\_

## - EMPLOYMENT INFORMATION -

\_\_\_\_\_  
Company Name Supervisor's Name

\_\_\_\_\_  
Street Address City State Zip Code

( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Supervisor Phone No. Supervisor's Working Days & Hours Best time to visit Supervisor

( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Your Work Phone No. Your Working Days & Hours Paid   
Volunteer

\_\_\_\_\_  
Your Job Title Department Date Employed (mo/yr)

Brief Job Description: \_\_\_\_\_

If your workplace is difficult to find, please provide detailed directions here: \_\_\_\_\_

**\*\*\*Notify the Cooperative Work Experience office and your Facilitator of any changes to the above\*\*\***

### -----Office Use Only-----

Map \_\_\_\_\_ Schedule \_\_\_\_\_ Printout \_\_\_\_\_ Database \_\_\_\_\_ cc: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drop – Stdn  Instr  on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Comments \_\_\_\_\_