

Work-Based Learning Application



Please complete this form in its entirety and contact your faculty advisory for approval.

Please take the time to complete the form carefully and accurately, and please print.

Student Name	Student ID		
Street Address	City	State	Zip
Home Phone	Cell Phone		
COA Email Address	@my.albemarle.edu		
Curriculum Major			

When do you want to participate in Work-Based Learning? _____ Fall _____ Spring _____ Summer

How many hours per week can you commit to a work experience? _____

Will you complete a work-based learning experience **with your current employer**? _____ Yes _____ No

If yes, list your **employer name** and **current job title** _____

A copy of the current job description must be attached.

Date of Hire _____

Employer Address _____

Employer Phone Numbers **Work** _____ **Cell** _____ **Email** _____

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 College of The Albemarle 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, and 320 hours for 2 credits. I understand that I am expected to complete the necessary hours for my work experience and work throughout the semester.

College Criteria for Student Participation in Work-Based Learning

1. Be enrolled in an approved College of The Albemarle Program of Study that offers Work-Based Learning (Co-op).
2. Successfully met department eligibility requirements for your Program of Study (if required).
3. Be reviewed for participation by your Academic Faculty Advisor.
4. Potential WBL students may be required to meet employer job requirements that could restrict or prevent their participation, such as drug screening, tool or equipment, age, transportation, licensure, health, or criminal record checks. If required, the student is responsible for any fees. Participation in a work-based learning experience is ultimately at the employer's discretion. Student may work at multiple job sites under multiple employers.
5. Students under the age of 18 must complete an online NCDOL Youth Employment Certificate. The responsibility for filing the certificate lies with the employer.

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

By signing, I state that I have read, fully understand, and agree to abide by the above statement.

Student Signature: _____ **Date:** _____

Faculty Approval For Work-Based Learning Experience

Program of Study _____ Program GPA _____

_____ Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel)

Course WBL _____ Section _____ Semester _____

Faculty Coordinator Comments:

I verify that (Student Name) _____ meets the eligibility requirements for work-based learning and has my recommendation to participate in a work experience.

Faculty Representative Printed Name _____ Phone _____

Faculty Representative Signature _____ Date _____