

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 Program of Study

Secondary Program of Study

When are you planning to participate in Work-Based Learning

☐ Fall ☐ Spring ☐ Summer 20 _____

Hours per week available to work? _____

Do you have work-authorization in the United States?

☐ Yes ☐ No

Are you a F-1 student at Wake Tech? (If so, the International Student Office will approve no more than 20 hours per week to work.)

☐ Yes ☐ No

Are you currently employed in your field of study?

☐ Yes ☐ No

Will you complete a work-based learning experience with your current employer?

☐ Yes ☐ No

If yes, list your **employer's name, current job title, date hired and attach a copy of your current position description:**

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.

I understand that in order to participate in WBL I must not have violated the Student Code of Conduct on a moderate or major level and also have not been terminated by a WBL employer while participating in the WBL program in a previous semester.

Work-Based Learning participants: I understand that Work-based Learning is a graded, academic class earning a grade of Pass (P) or Fail (F). 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 that if I need accommodations, I will visit the Disability Support Services office.

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



Faculty approval for Work-Based Learning experience

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