



WORK-BASED LEARNING APPLICATION COOPERATIVE EDUCATION

Student Name _____

Address _____

High School _____ Phone _____

E-mail Address _____

Career and Technology Program _____

Instructor _____

Do you have a specific business you would like to participate in your work based learning? Yes No

If yes, please indicate the business and contact information.

How will this work-based learning experience benefit your Career Center Education?

Please provide any details that support your Work-Based Learning application.

Student Signature _____ Date _____

Parent Signature _____ Date _____

To be completed by instructor and administrator:

Career Center Instructor _____ Yes No

Career Center Administrator _____ Yes No

If No, please provide details: _____