

Experiential Education Information Sheet

Student Name: _____ PID #: _____

Student Email Address: _____

Major: _____ Advisor: _____

Employer Information:

Company: _____ Location: _____

Company Address: _____

Supervisor: _____ Dept: _____

E-mail Address: _____ Phone: _____

Start Date: _____ Finish Date: _____ Wages/Salary: _____ Hours Per Week: _____

Student Information:

Student Address While Working: _____

Cell Phone: _____ Work Phone: _____

Credits Earned: _____ GPA: _____ Projected Graduation Date: _____

Gender: _____ Ethnicity: _____

(White/Caucasian/Non-Hispanic – Black/African American – Chicano/Mexican American/Hispanic – American Indian/Alaskan Native – Asian Pacific Islander/Asian American)

Citizenship: US Citizen Permanent Resident Student Visa

Would you like to receive credit for your Experiential Education Position?

Yes

No

If **YES**, please proceed to back page.

If **NO** sign here and return to The Center:

Student Signature: _____

Date: _____

Student Obligations for Credit:

I fully understand that by accepting a position FOR CREDIT in the Experiential Education Program I am required to:

1. Notify the Experiential Education Office when I have accepted a position.
2. Keep the Experiential Education Office informed of my work/school schedule and notify them immediately when changes occur.
3. Attend a required **writing seminar** before my first Experiential Education work assignment.
4. Attend the “**Pre-Employment Seminar**” scheduled before each work assignment.
5. Develop a long range schedule plan with my academic adviser and notify the Experiential Education Office of any changes that will affect my work schedule.
6. **Register for EGR 393** (Engineering Cooperative Education) in every assigned work semester. Registration and payment of any applicable registration fees are totally my responsibility.
7. **Complete a written report** before final examination week each work semester.
8. Provide updated home and work site phone numbers and addresses to the Experiential Education Office whenever changes occur.
9. Adequately complete by due dates all assigned written reports and evaluations.

I agree that my failure to comply with the above program requirements may result in the loss of my Experiential Education position, a failing grade being entered upon academic record, and in warranted instances, removal from the Experiential Education Program.

I am registered for EGR 393

Signature: _____ Date: _____