

**Work-Based Learning Application**  
**Section 1 – To Be Completed by Student**

<b>Student Name:</b>		<b>Student ID#</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Are you 18 years or older?</b> Yes		<b>Yes</b>	<b>No</b>
<b>Program:</b>	<b>Degree</b>	<b>Diploma</b>	<b>Certificate</b>
<b>Student Signature:</b>			

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**SECTION 2 – TO BE COMPLETED BY THE ADVISOR / WBL FACULTY COORDINATOR**

<b>Semester:</b>	<b>Course:</b>
<b>Section:</b>	<b>Credit Hours:</b>

*I verify the student meets the eligibility requirements and has my recommendation to participate in this work-based learning activity.*

**Faculty Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_