

**College of the Siskiyou**  
**Application for Admission**  
**General Cooperative Work Experience**

| <u>Term and Year</u> |         |
|----------------------|---------|
| _____ Fall           | 20_____ |
| _____ Spring         | 20_____ |
| _____ Summer         | 20_____ |

*Please Print*

\_\_\_\_\_

|           |            |      |       |
|-----------|------------|------|-------|
| Last Name | First Name | M.I. | Major |
|-----------|------------|------|-------|

\_\_\_\_\_

|                |                  |
|----------------|------------------|
| Street Address | City, State, ZIP |
|----------------|------------------|

Phone (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Have you ever enrolled in Cooperative Work Experience before? Yes  No

If yes, give date(s), number of units & job: \_\_\_\_\_  
\_\_\_\_\_

Proposed Work Experience Job: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

List previous work experience related to your proposed Work Experience job:  
(include job title, employer name and length of employment)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Approved Work Experience course: \_\_\_\_\_

This form must be complete and returned to Work Experience Coordinator before registration approval will be given. Coordinator's signature is required on registration form for entry into course.