

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

	<u>Term and Year, Units</u>	
_____ Fall	20____	_____
_____ Spring	20____	_____
_____ Summer	20____	_____

*Please Print*

\_\_\_\_\_

Last Name	First Name	M.I.	Major
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\_\_\_\_\_

Street Address	City, State, ZIP
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Phone (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

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

If yes, give date(s) \_\_\_\_\_

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

Academic area / Signature of Instructor: \_\_\_\_\_

List courses taken at College of the Siskiyou related to your major

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List previous work experience related to your major:  
(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.