

# Rowan-Cabarrus Community College Work-Based Learning Application



APPLICANT INFORMATION									
Last Name			First Name			Middle Initial			
Student ID:			Student Emails:						
Street Address					City				
County			State		ZIP				
Phone			Alternate Phone						
Method of Payment: Financial Aid <input type="checkbox"/> VA <input type="checkbox"/> Out of Pocket <input type="checkbox"/> Other <input type="checkbox"/>						Semester/Year Interning			
Indicate the County in which you prefer to work: Rowan <input type="checkbox"/> Cabarrus <input type="checkbox"/> Either <input type="checkbox"/> Mecklenburg <input type="checkbox"/>					Program of Study/WBL Position Desired				
How did you hear about the program?									
EDUCATION									
College		RCCC		First WBL Internship			Repeat WBL Internship		
Dates From:		Projected Graduation Date:			Semester Hours Complete:		GPA:		
EMPLOYER INFORMATION (FOR CURRENTLY EMPLOYED STUDENTS OR STUDENTS ASSIGNED TO INTERNSHIPS)									
Company Name:					Supervisor:				
Street Address:					City/State/Zip:				
Email			Phone		Paid <input type="checkbox"/>		Unpaid <input type="checkbox"/>		
WBL Office Placement <input type="checkbox"/>		Using Current Employment <input type="checkbox"/>							
Brief Description of Duties (if using your own job):									
WBL Course#:		WBL Section#			WBL Semester Begin Date		WBL Ending Date		
Class Schedule:									
WBL Schedule:					Dates Employed (if using your own job):				
RELEASE OF INFORMATION									
I give the Work-Based Learning Office my permission to request a copy of my transcript and to release my resume and any information in my educational records to Prospective employers:									
I understand transfer programs (A10100, A10400, A10500, & A10600) count internships as additive credit and will not be applied towards graduation or be covered by financial aid.									
Signature:					Date				
WBL Internship Developer or Faculty Coordinator certification of student eligibility and recommendation for Work-Based Learning assignment									
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>									
Assigned Faculty Coordinator:									
Signature:					Date:				