

Please complete this form (type or print) and submit to the Faculty Coordinator in your department for approval.

Student Name	Student ID		
Street Address	City	State	Zip
Cell Phone	Work Phone		
Primary Program of Study	Secondary Program of Study		
When are you planning to participate in Work-Based Learning	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer 20 _____
Hours per week available to work? _____			
Do you have work-authorization in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a F-1 student at Wake Tech? (if so, the International Student Office will approve no more than 20 hours per week to work.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed in your field of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you complete a work-based learning experience with your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list your employer's name, current job title, date hired and attach a copy of your current position description:			
Employer's Name	Current Job Title	Date Hired	

Permission to Register for WBL Course

Students will be permitted to register for a WBL course when (1) the student's approved employment has been verified by the Faculty Coordinator and (2) all required WBL documents have been received by the Faculty Coordinator.

Statement of Understanding

In signing this application, I hereby grant permission to, pursuant to Section 438(b) 4(b) of the Family Education Rights and Privacy Act of 1974, the Work-Based Learning Office to obtain copies of my academic transcripts and grade reports. In addition, I grant the Work-Based Learning Office permission to forward to any employing organization my academic grades and any information the college may deem necessary to assist me in securing a Work-Based Learning experience, to all actual and prospective employers.

I understand that the information I have provided here will be revealed to an employer/work site supervisor and other Wake Technical Community College faculty and staff during the process of arranging a work experience.

I understand that in order to participate in WBL I must not have violated the Student Code of Conduct on a moderate or major level and also have not been terminated by a WBL employer while participating in the WBL program in a previous semester.

Work-Based Learning participants: I understand that Work-based Learning is a graded, academic class earning a grade of Pass (P) or Fail (F). I agree to **register** and **pay tuition** as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit, 320 hours for 2 credits, and 480 hours for 3 credits. I understand that I am expected to complete the necessary hours for my work experience and work throughout the semester as part of my Work-based Learning course.

I understand that if I need accommodations, I will visit the Disability Support Services office.

I understand the College does not guarantee employment to any student or employees to any employer.

By signing, I stated that I have read, fully understand, and agree to abide by the statements:

Student Signature	Date	Student WTCC E-mail	@my.waketech.edu
-------------------	------	---------------------	------------------

Faculty coordinator must complete this page.

Faculty approval for Work-Based Learning experience

Program Code: _____ Catalog Year: _____ Program GPA: _____ WBL Course# _____

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel) which shows the correct course this student should register for based on the program of study for their catalog year.

OR

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel) and have submitted a course substitute form to enable this student to be eligible for the above WBL course.

Faculty Comments: (Please indicate here if student is submitting position description for review or is searching for employment.)

I verify that _____
(Student Name Printed) (Wake Tech ID)

Yes, this student meets the eligibility requirements listed below for Work-Based Learning and has my recommendation to participate in a work experience.

No, this student does not meet the eligibility requirements listed below for Work-Based Learning and does not have my recommendation to participate in a work experience.

Faculty Representative Name _____ Email _____ Department _____

Faculty Representative Signature _____ Date _____

College Criteria for Student Participation in Work-Based Learning

- Be enrolled in an approved Wake Tech Program of Study that offers Work-Based Learning.
- Have a minimum of 2.0 GPA or higher (some programs require a 2.5 GPA).
- Successfully completed at Wake Tech a minimum of 14 semester credit hours in the Major Requirements of your Program of Study.
- Successfully met department eligibility requirements for your Program of Study (if required).
- Be reviewed for participation by your Academic Faculty Advisor.
- Student must be in good standing with the college and not have violated the Student Code of Conduct on a moderate or major level
- If a WBL student has been terminated by a WBL employer while participating in the WBL program at Wake Tech, this student may not be eligible to participate in another WBL course whether in the current major or a different major at Wake Tech unless the Division Dean (s) and Provost of Career Programs or Health Science Programs provide approval
- Have legal authorization to work in the United States. If on a student visa, check to make sure the ability to work and hours are available. U.S. Law requires employers to verify the legal work eligibility of all new employees within three days of employment. However, eligibility must be verified for WBL by obtaining permission from the Office of International Students before the application process is moved to the employer.