



STUDENT REFERRAL Cooperative Work Experience

Name: _____ Phone: _____

Address: _____ Message phone: _____

City: _____ Zip: _____ SS# or K#: _____

College Program: _____

Credits in major completed and/or in progress _____

Person who referred you to this office _____

Number of CWE credits desired _____ Number of terms completed _____

Why are you applying for CWE? _____

Job Site Preference _____

Related Work Experience

Strengths/Weaknesses

Hours available for CWE (put x if available)			
	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Recommended Job Sites

Office Use Only

TA/LO	
REG	
CONSENT	

Staff Referral Signature _____ Date _____