

Rowan-Cabarrus Community College
Work-Based Learning Program (WBL)
Current Employment Form

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Student: _____

Address: _____

Phone: _____ Major: _____

Employer Information

Company: _____

Address: _____

Phone: (office) _____ (mobile) _____

Email: _____

Supervisor: _____ Title: _____

Current Duties: (attach job description if possible)

Work Schedule: _____

New Duty/Duties: (including projects, learning objectives, and training)

The currently working form must be completed and submitted prior to your registration

1) _____

2) _____

3) _____

4) _____

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

WBL Faculty Coordinator Signature: _____ Date: _____