

**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		Race/Ethnicity:				
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?					Trio Student: YES <input type="checkbox"/> NO <input type="checkbox"/>				
EDUCATION									
College		RCCC		First WBL Internship <input type="checkbox"/>		Repeat WBL Internship <input type="checkbox"/>			
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"/>							
WBL Course#:		WBL Section#			WBL Semester Begin Date		WBL Ending Date		
Total Required Hours for Semester (minimum):									
Existing Employer <input type="checkbox"/>		New Employer <input type="checkbox"/>							
RELEASE OF INFORMATION									
<p><i>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></p> <p><i>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.</i></p>									
Signature:					Date				
<p><i>WBL Internship Developer or Faculty Coordinator certification of student eligibility and recommendation for Work Based Learning assignment</i></p> <p>Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>Assigned Faculty Coordinator:</p>									
Signature:					Date:				