

**Riverside Community College**  
 COOPERATIVE WORK EXPERIENCE EDUCATION  
APPLICATION FOR ENROLLMENT

FORM  
**A**

Please PRINT or TYPE all information

**GENERAL STUDENT INFORMATION:**

Enrolling Course Name \_\_\_\_\_

Enrolling Class Code # \_\_\_\_\_

Name _____	ID No. _____	Date _____
Address _____		
Number and Street _____	City _____	Zip _____
Home Phone _____	Work Phone _____	
Cell Phone _____	E-mail Address _____	

**Answers to the following four questions will be used to place students in the appropriate work experience section:**

1. What **MAJOR** area of work experience will you be taking this semester (Check **ONLY ONE** area--if nothing is checked you will automatically be enrolled in 3 units of General Work Experience)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Electronics
<input type="checkbox"/> Administration of Justice	<input type="checkbox"/> Engineering
<input type="checkbox"/> Air Conditioning and Refrigeration	<input type="checkbox"/> Film, Television & Video
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Fire Technology
<input type="checkbox"/> Applied Digital Media	<input type="checkbox"/> Human Services
<input type="checkbox"/> Architecture	<input type="checkbox"/> Machine Shop Technology
<input type="checkbox"/> Automotive Body	<input type="checkbox"/> Management
<input type="checkbox"/> Automotive Technology	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Marketing
<input type="checkbox"/> Community Interpretation	<input type="checkbox"/> Medical Assisting
<input type="checkbox"/> Computer Appl. & Office Tech.	<input type="checkbox"/> Nursing
<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Paralegal Studies
<input type="checkbox"/> Construction Technology	<input type="checkbox"/> Photography
<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Dental Technology	<input type="checkbox"/> Welding
<input type="checkbox"/> Early Childhood Education	
<input type="checkbox"/> Education	<input type="checkbox"/> General Work Experience

2. How many **UNITS** of work experience will you be taking this semester? Note: General Work Experience is **ALWAYS** 3 units.

1    2    3    4

3. How many **SEMESTERS** of work experience have you already completed at RCC or another community college?

0    1    2    3

4. Are you a **VETERAN**?

Note: General Work Experience is NOT a payable class under VA benefits.

Yes     No

Declared Major: \_\_\_\_\_

What courses have you completed in your college major? (list course number and units)

\_\_\_\_\_

\_\_\_\_\_

What courses are you taking this semester in your major? (list course number and units)

\_\_\_\_\_

\_\_\_\_\_

What other courses are you taking this semester? (list course number and units)

\_\_\_\_\_

\_\_\_\_\_

**(Complete BOTH sides of this form and SIGN on the back)**

**EMPLOYMENT INFORMATION:** (Work Experience students **MUST** have a job before the 3rd week of class.)

Employer/Company Name _____			
Address _____			
(Number and Street)		City	Zip
Supervisor's name _____		Phone number _____	
Email Address _____		Cell phone _____	
Alternate Contact name _____		Phone number _____	
Email Address _____		Cell phone _____	
What is your job title? _____		Average hours worked per week	How long have you been on this job?

**STUDENT CERTIFICATION:**

- 1) *I know that I cannot enroll in more than one cooperative work experience education class in the same semester.*
- 2) *I cannot earn more than a total of 16 units of work experience (which may include a combination of occupational work experience and up to 6 units of general work experience) at Riverside Community College, including work experience units earned at any other college(s).*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

**"The Riverside Community College District complies with all federal and state rules and regulations and does not discriminate against any person on the basis of race, religion, gender, disability, medical condition, marital status, age or sexual orientation. This holds true for all students who are interested in participating in educational programs, including career and technical education programs, and/or extracurricular school activities. Limited English speaking skills will not be a barrier to admission or participation in any program. Harassment of any employee/student with regard to race, religion, gender, disability, medical condition, marital status, age or sexual orientation is strictly prohibited. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX Officer/Section 504/ADA Coordinator, Ms. Chani Beeman, 3845 Market St., Riverside, CA 92506, (951) 222-8039."**