

**YORK TECHNICAL COLLEGE**  
**Work-based Learning**  
**Application**

<b>For office use:</b>	<input type="checkbox"/> Cooperative Work Experience	<input type="checkbox"/> Internship
	<input type="checkbox"/> Federally Registered Apprenticeship	<input type="checkbox"/> Industry Apprenticeship

Name:	Date:
ID Number:	Home Telephone No:
Street Address:	Cell Phone No:
(City, State, ZIP)	E-mail Address:

**EMPLOYMENT INFORMATION (Present Employer)**  CHECK HERE IF UNEMPLOYED

Job Title:	Work Telephone No:
Employer:	Supervisor's Name:
Street Address:	Date of Employment:
(City, State, ZIP)	# Hours Worked Per Week:
Provide brief description of your job:	

**WORK-BASED LEARNING INFORMATION**

Program of Study:		Current GPA:	
Number of enrolled hours: (not including CWE hours)	Number of cumulative hours you have earned at York Technical College:	Number of curriculum hours:	Number of CWE hours earned in the past:
Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Online		What semester would you prefer to earn CWE credit? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year: _____	
Type of work experience interested in: <input type="checkbox"/> Alternating (Work full time/no classes that semester) <input type="checkbox"/> Parallel (Work part time/attend classes part time or full time) <input type="checkbox"/> Extended Day (Work full time/Attend classes part time)			
Check the days you would be available to work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
List the hours you would be available to work:			
What geographical locations would you prefer? <input type="checkbox"/> York County <input type="checkbox"/> Lancaster County <input type="checkbox"/> Chester County <input type="checkbox"/> Mecklenburg County <input type="checkbox"/> Other			

I affirm that the above information is correct:

Faculty/Advisor Signature	Student Signature
Coordinator Signature	

## Work-based Learning Information Release Authorization

In accordance with Federal Regulations, York Technical College must have your written authorization to release the contents of your file. It will be necessary for you to complete the form below so that information may be transmitted to employers upon their request and in accordance with your directions.

I, \_\_\_\_\_, do hereby authorize York Technical College to make the following information available to Work-based Learning employers.

Check the following:

<input type="checkbox"/> Resume	<input type="checkbox"/> Student Health Form
<input type="checkbox"/> Instructor Release Form	<input type="checkbox"/> Criminal Background Check
<input type="checkbox"/> Transcript	
<input type="checkbox"/> Instructor Progress Reports	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- **What is Work-based Learning?**

Work-based learning is a structured academic program that enhances a student's education through integration of academic study and related hands-on experience.

- **What are the requirements for participation in Work-based Learning?**

Employers look for a student who demonstrates the ability to complete tasks, display initiative, and use critical thinking skills. They expect the student to be dependable, honest, and have integrity. The student is expected to have good communication skills in addition to academic excellence. Above all, the student should be able to get along with others. Credit students must have successfully completed twelve (12) credit hours in the curriculum program at York Technical College and earned at least a 2.5 GPA in the curriculum program. Continuing Education students must have completed the entire program of study.

- **What kind of grade will the student receive?**

The traditional grading system applies to work-based learning just as it does in any curriculum course. Students may receive CWE course credit in the cooperative work experience and internship programs. The grade will be based on the achievement of one objective for each credit hour earned, timely completion of all required paperwork, and an evaluation from the worksite supervisor.

- **What are the types of Work-based Learning plans?**

**Alternating:** Student will work full time and not attend classes for that semester.

**Parallel:** Student will work part time and attend classes part time or full time.

**Extended Day:** Student will work full time and attend classes part time.

**YORK TECHNICAL COLLEGE**  
**Work-based Learning**  
**Student Agreement**

**I have discussed the Work-based Learning Program with the Coordinator, and I understand that in order to receive CWE credit I must:**

- have approval from my Department Manager. I will locate a work site or the Coordinator will secure an assignment for me. If I locate a site, I will get Coordinator approval as to whether the duties relate to my field of study.
- have at least a 2.5 Grade Point Average and 12 curriculum credits from York Technical College.
- keep the Coordinator and instructor informed of any problems related to college or the CWE assignment.
- officially drop the CWE course if I am discharged for cause or voluntarily leave my place of employment. I will notify the Coordinator before dropping the course. I will receive a grade of "F" if I do not drop the course.
- contact the Coordinator if I have any questions or if there is any change in the status of the CWE assignment.
- keep all scheduled appointments and submit paperwork in a timely fashion.
- understand that I will receive a grade for this work experience and the Coordinator, my supervisor, and the instructor will have input into my overall grade.
- understand that the Coordinator will visit the work site to consult with the supervisor regarding my participation and performance in the assignment.
- understand that I will successfully complete one learning objective for each credit hour to be earned and complete 80 hours for each credit that I am attempting.
- act consistently with the values of the College and to obey local, state, and federal laws. The Coordinator needs to be aware of any criminal involvement among applicants and participants because of ethical obligations to employers.
- ensure that the following forms are in my file at the completion of the assignment:

- |                              |                               |  |
|------------------------------|-------------------------------|--|
| A. Student Application       | E. Employer Agreement         | I. Semester Learning Contract Evaluation |
| B. Information Release       | F. Semester Learning Contract | J. Journal                               |
| C. Student Agreement         | G. Employer Evaluation        | K. Student Evaluation                    |
| D. Instructor Reference Form | H. Student Midterm Report     |  |

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Course #: \_\_\_\_\_ to substitute for: \_\_\_\_\_ Semester: \_\_\_\_\_

- Cooperative Work Experience     Internship     Industry Apprenticeship     Federally Registered Apprenticeship

**YORK TECHNICAL COLLEGE**  
**Work-based Learning**  
**Instructor Reference Form**

Date \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the following  
 York Technical College instructor, \_\_\_\_\_, to make  
 this information available to the Work-based Learning Office.

(NOTE: If you are receiving this form via email, the original form with the student's signature is on file with the Work-based Learning Office.)

**PLEASE RATE THE STUDENT'S CLASSROOM PERFORMANCE USING THE SCALE BELOW:**

1 = Poor      2 = Fair      3 = Good      4 = Very Good      5 = Excellent

Please **highlight** the appropriate number.

Attitude	①	②	③	④	⑤
Ability to Learn	①	②	③	④	⑤
Dependability	①	②	③	④	⑤
Initiative	①	②	③	④	⑤
Quality of Work	①	②	③	④	⑤
Relations with Others	①	②	③	④	⑤
Maturity	①	②	③	④	⑤
Quantity of Work	①	②	③	④	⑤
Judgment	①	②	③	④	⑤
Attendance	①	②	③	④	⑤
Punctuality	①	②	③	④	⑤

How long have you known this student?   1 Semester    2 Semesters    3 Semesters

Additional comments or concerns:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_