



**LOS ANGELES TRADE TECHNICAL COLLEGE COOPERATIVE EDUCATION
APPLICATION FOR ENROLLMENT**

By completing this form I authorize my instructor to speak to my employer regarding my participation progress in Coop Ed.

1. STUDENT INFORMATION (Please Print Clearly)

Semester / Year _____ Course _____ Section # _____
 New to Coop Ed _____
 Returning to Coop Ed _____ Email _____
 Student Name _____ Student ID# _____

Home Address _____ City _____ State _____ Zip _____
 Home Number _____ Mobile Number _____
 College Major _____ Occupational Goal _____

2. EMPLOYMENT INFORMATION

Company Name _____ Supervisor _____
 Supervisor Email _____
 Supervisor Dept. _____ Phone # _____ Ext# _____

Employer Address _____ City _____ State _____ Zip _____
 Your Job Classification _____ Dept. _____

Paid Employment (75 hrs/unit required)
 Unpaid Employment (60 hrs/unit required)

In sentence form, describe your job assignment in detail:

Number of hours your work per week _____ Employee # _____

Days/Hours You Work : (Ex: **M 3:30am-11:00pm**) Note: If your schedule varies from week to week please write varies

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

THE FOLLOWING STATEMENT IS TO BE SIGNED BY STUDENT:

I agree to complete all necessary paperwork in a timely manner. I will provide a copy of a registration/fee receipt to the Coop Ed office immediately upon enrollment. I understand that failure to comply with any of those conditions may result in my dismissal from the program. I understand that I may only complete one Cooperative Work Experience Education class per semester.

Student's Signature _____ Date _____

Approval by _____ Date _____

CWEE Coordinator

Student/Employer contact	Telephone	In Person	Written	Date