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