Secondary Program Credit FormWork Experience Program Application

Student Record Purposes

	, enrolled in
Student Name	Student School ID #
<u>CT089</u> at	School has applied to
Program Code/Title	School
completion of the program requi	unity College work experience program (CT089). Upon rements the student may earn a minimum of 0.5 (1/2) to a per semester. The earned work experience credits will be
☐ To meet graduation re	equirement(s).
☐ As transfer <u>excess</u> elec	ctive credit(s).
ACKNOWLEDGED:	
	Date:
Student Signature	
	Date:
WE Coordinator Signature	
APPROVED:	
Counselor's Signature	Date:
counselor a signature	