



**Phase I - Work Experience (WE) Forms Check-List  
Due at the Beginning of the Semester**

<http://www.mtsac.edu/instruction/officeofinstruction/workexperience/>

**Please note:** Forms must be filled out correctly or they will be considered incomplete and will be returned to your Work Experience Specialist

**GENERAL INFORMATION FORM (2-pages)**

STUDENT INFORMATION 100% COMPLETE:

- |   |                                    |  |   |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Name (Last, First) | <input type="checkbox"/> Phone #   | <input type="checkbox"/> Start Date    | <input type="checkbox"/> Total Program Units        |
| <input type="checkbox"/> Student ID #       | <input type="checkbox"/> Email     | <input type="checkbox"/> End Date      | <input type="checkbox"/> Units Completed in Program |
| <input type="checkbox"/> Address            | <input type="checkbox"/> Term/Year | <input type="checkbox"/> Major/Program | <b>OR</b> 'C' Level SAM Code Course                 |

WORK SITE INFORMATION 100% COMPLETE:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Company Name    | <input type="checkbox"/> Work Site Supervisor | <input type="checkbox"/> Paid/Unpaid      | <input type="checkbox"/> W.E Course Professor |
| <input type="checkbox"/> Phone # & Email | (Name/Title)                                  | <input type="checkbox"/> Work Schedule    | <input type="checkbox"/> CRN#                 |
| <input type="checkbox"/> Address         | <input type="checkbox"/> Student Job Title    | <input type="checkbox"/> W.E Course Title | <input type="checkbox"/> Number of Units      |

COURSE SLO AND/OR COURSE MEASURABLE OBJECTIVES 100% COMPLETE:

SLOs can be found through the following link: <http://www.mtsac.edu/instruction/outcomes/sloinfo.html>

Course Measurable Objectives can be found through the following link: <https://webcms.mtsac.edu>

**LEARNING CONTRACT (2-pages)**

LEARNING CONTRACT 100% COMPLETE:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Semester/Year | <input type="checkbox"/> Objectives (1 per Unit) | <input type="checkbox"/> 4 Signatures |
|--|--|---------------------------------------|

**WORK EXPERIENCE PROGRAM WAIVER FORM (1-page)**

WORK EXPERIENCE PROGRAM WAIVER FORM 100% COMPLETE:

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Company Name/Address         | <input type="checkbox"/> Signatures | <input type="checkbox"/> N/A If Workers Comp is Paid |
| <input type="checkbox"/> N/A If Employed with MT. SAC |                                     |  |

**TURN IN FORMS TO WORK EXPERIENCE SPECIALIST FOR REVIEW**

WORK EXPERIENCE SPECIALIST MUST REVIEW FORMS TO ENSURE THEY ARE COMPLETE:

Work Experience Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TURN IN FORMS TO INSTRUCTION ONCE COMPLETED**

TURN IN COMPLETED FORMS TO INSTRUCTION OFFICE