



**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 | OR '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"/> 3 Signatures,
Supervisor Initials
(pg. 1) |
|--|--|--|

WORK EXPERIENCE PROGRAM WAIVER FORM (1-page)

WORK EXPERIENCE PROGRAM WAIVER FORM 100% COMPLETE:

- | | | |
|---|--|--|
| <input type="checkbox"/> Box checked for indication
of Workers Comp Status
(Paid/Unpaid - On Campus/
Off Campus) | <input type="checkbox"/> Company Name/Address
(N/A if Workers Comp is Paid) | <input type="checkbox"/> Signatures (incl.
Parent/
Guardian if
under 18 y.o.) |
|---|--|--|

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