



**MOORPARK COLLEGE
INTERNSHIP/WORK EXPERIENCE
APPLICATION/CONTRACT**

Semester:			Year
Summer <input type="checkbox"/>	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	20
HS Student <input type="checkbox"/>		College Student <input type="checkbox"/>	

STUDENT INFORMATION

Last Name	First	Student ID	M <input type="checkbox"/> F <input type="checkbox"/>
Address		City	Zip
Home Phone:	Cell Phone:	E-mail:	
GPA:	Major:	Occupational Goal:	
Education Goal: Certificate <input type="checkbox"/> AA/AS <input type="checkbox"/> Transfer <input type="checkbox"/> Other <input type="checkbox"/>		Units enrolled in this semester:	

EMPLOYMENT/INTERNSHIP INFORMATION

Company:	Your job title:		
Address	City	Zip	
Phone:	Fax:	Best time to call:	
Supervisor Name and Title:		Supervisor E-mail:	
Job Duties:	Work Schedule:		

Total Internship/Work Experience units I will complete based on the number of work hours this semester:

Paid **1**_____ **2**_____ **3**_____ **4**_____ **Other**_____ **(Need Internship Office Approval)**
 Unpaid

STUDENT AUTHORIZATION (PLEASE READ CAREFULLY)

- I am responsible for selecting the correct course and number of units. Credit will be earned at the rate of 1 unit for every 75 hours paid or 60 hours unpaid work, up to a maximum of 4 units per semester.
- I understand my instructor/coordinator will be providing information about my work experience educational activities and enrollment to my employer/mentor and my employer/mentor will be providing information to my instructor/coordinator concerning my educational job-related objectives.
- Non-Discrimination Policy: It is the policy of the Ventura County Community College District to provide all persons with equal employment and educational opportunities regardless of race, color, sex, religion, national origin, or veteran status.
- The information stated above is correct. I agree to abide by the Work Experience Internship Guidelines and Procedures as stated in the college catalog and the Internship Handbook. Unsatisfactory completion will result in a lower or failing grade. If I should decide at any time that I am not able to complete the necessary hours and/or work, I am responsible for dropping the course before the necessary deadlines.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Orientation:	LOs Due:	Date Registered:
Dropped/Withdrew <input type="checkbox"/>	Course Completed <input type="checkbox"/> Total Hours	Faculty Advisor:

Email Sent: _____ FA Letter Sent: _____ Course Name, CRN _____ Comp/Intern ID: _____

GPA: _____ Verified Hours: _____ Units Received: _____ Final Grade: _____ Drop: _____ Work Permit: _____

Comments: