

Work Experience Assignment Check List/Cover Page

Student Name: _____ Student ID: _____

Term: _____ Course: _____

Instructor Name: _____

- Work Experience Application
- Learning Objectives (Signed by Employer)
- Time Record – Submission 1
- Learning Objectives – (Graded by Employer)
- Field Report
- Resume
- Time Record – Submission 2

Number of Hours Student Worked: _____

Number of Hours Student Worked: _____

Notes: