



Work-Based Learning Agreement Form (FORM A)

To be completed by the student in consultation with and approval by the employer, then submitted to faculty advisor

Student Information			
Name:		R#	
Phone:		Date	
Program/Major		Term: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	
Student Demographic Information			
Your response is voluntary, information will not be used in a discriminatory manner and will remain confidential to individual students and only reported in general aggregate data			
Gender:	1 st generation college student <input type="checkbox"/>		Ethnicity
Employer Information			
Employer Name		Phone Number	
Address			
City		State	Zip
Supervisor's Name		Supervisor's Phone Number	
Supervisor's Email:			
Position is with current employer <input type="checkbox"/>		Position is new employer <input type="checkbox"/>	
Learning Plan			
Position Title:			
Start DateClick here to enter a date.		End DateClick here to enter a date.	
Work days & Hours		Hourly wage	
Planned Work Activities/ What I will learn.			
1.			
2.			
3.			
4.			
5.			
<i><u>This agreement is entered into with the expectation on the employer's part and the understanding on my part that I will complete the above employment during the specified period of time.</u></i>			
Student signature			DateClick here to enter a date.
Employer signature			DateClick here to enter a date.