



**LOS ANGELES TRADE TECHNICAL COLLEGE COOPERATIVE EDUCATION  
APPLICATION FOR ENROLLMENT**

By completing this form I authorize my instructor to speak to my employer regarding my participation progress in Coop Ed.

**1. STUDENT INFORMATION** (Please Print Clearly)

Semester / Year \_\_\_\_\_ Course \_\_\_\_\_ Section # \_\_\_\_\_

New to Coop Ed \_\_\_\_\_  
 Returning to Coop Ed \_\_\_\_\_ Email \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

College Major \_\_\_\_\_ Occupational Goal \_\_\_\_\_

**2. EMPLOYMENT INFORMATION**

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Supervisor Email \_\_\_\_\_

Supervisor Dept. \_\_\_\_\_ Phone # \_\_\_\_\_ Ext# \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Job Classification \_\_\_\_\_ Dept. \_\_\_\_\_

Paid Employment *54 hours/1 unit credit received*

Unpaid Employment \_\_\_\_\_

In sentence form, describe your job assignment in detail:

Number of hours your work per week \_\_\_\_\_ Employee # \_\_\_\_\_

Days/Hours You Work : (Ex: **M 3:30am-11:00pm**) **Note: If your schedule varies from week to week please write varies**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**THE FOLLOWING STATEMENT IS TO BE SIGNED BY STUDENT:**

I agree to complete all necessary paperwork in a timely manner. I will provide a copy of a registration/fee receipt to the Coop Ed office immediately upon enrollment. I understand that failure to comply with any of those conditions may result in my dismissal from the program. I understand that I may only complete one Cooperative Work Experience Education class per semester.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

LATTC CWEE Approval: \_\_\_\_\_ Date \_\_\_\_\_

**CWEE Coordinator**

Student/Employer contact	Telephone	In Person	Written	Date