***TO BE COMPLETED BY STUDENT* (Form must be completed and returned to WBL Office in order to be registered. Work cannot begin until student is registered and classes have started)**

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**PLACED STUDENT INFORMATION WORKSHEET**

**RETURN TO TONY RAND STUDENT CENTER ROOM 128**

**or fax to 910-678-8200 or email** **WBL@faytechcc.edu**

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| --- | --- | --- | --- | --- |
| NAME:  | **LAST** | **FIRST**  | **MIDDLE** | **STUDENT ID#:** |
| **CURRICULUM** |
| **EMPLOYER** |
| **EMPLOYER’S ADDRESS:** |  **STREET** | **CITY** | **STATE** | **ZIP** |
| **SUPERVISOR’S NAME** | **SUPERVISOR’S JOB TITLE** |
| **SUPERVISOR’S TELEPHONE NUMBER** | **SUPERVISOR’S FAX NUMBER** |
| **SUPERVISOR’S E-MAIL (REQUIRED)**  |
| **STUDENT’S JOB TITLE**  | **HOURS WORKED PER WEEK**  |
| **EMPLOYMENT START DATE/LENGTH OF TIME WORKED IN CURRENT POSITION** |

**ACCIDENT INSURANCE**

All FTCC students are charged a nominal fee for Accident Insurance each semester upon initial registration. It is included in the Student Activity Fee. All students must be covered by adequate health/accident insurance during a Work-Based Learning experience. Some students may be required to purchase additional Professional Liability Insurance through Fayetteville Technical Community College. Fayetteville Technical Community College will not be responsible for any accident/injuries which occur as part of employment through the Work-Based Learning Program. Per Federal and State laws, students may **not** file **unemployment compensation** while employed through the Work-Based Learning Program.

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| **STUDENT SIGNATURE/STUDENT PRINT NAME** |  | **DATE** |

**THE STUDENT MEETS ALL THE QUAILIFICATIONS AND THEREFORE IS APPROVED FOR WORK-BASED LEARNING.**

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| --- | --- | --- |
| **WORK-BASED LEARNING COORDINATOR**  |  | **DATE** |