

Gaston College
Student Orientation for Work-Based Learning

1. Explanation of the purpose of WBL.

Allows students to earn college credit through a work experience related to their academic major.

2. Explanation of the WBL enrollment process.

Complete WBL application packet and course selection or drop/add form, then follow normal registration procedures.

3. Requirements for successfully completing WBL.

- Must have 2.0 overall grade point average (GPA) or must receive WBL departmental approval and maintain that GPA while participating.
- Must meet the eligibility requirements for WBL in your curriculum area and be recommended for WBL by a faculty member.
- Must work a minimum of 160 hours to receive 1 credit hour or 320 hours to receive 2 credit hours toward fulfilling your graduation requirements.
- Must have completed 9 credit hours or departmental approval.

4. Understanding the world of work.

- Know and adhere to employer's rules and policies.
- Be open to changes suggested by your supervisor. Maintain flexibility.
- Focus on your Measurable Learning Objectives/goals and periodically review your progress.
- Maintain excellent attendance and punctuality.
- Find solutions to work-related problems by consulting with your supervisor.
- Complete all required assigned job duties and offer assistance to co-workers/supervisor when possible. Eagerness to help is essential in developing good teamwork habits.

5. Explore student interests and abilities and how they affect job performance.

Achieve excellent job performance by utilizing your interests in your academic major and the skills you acquired through classroom training.

6. Benefits of work experience in securing employment upon graduation.

Take advantage of the opportunity to secure a permanent job offer by good work performance, excellent attendance, and networking with prospective employers.

7. Importance of earning good grades and how they affect the ability to secure employment.

Having a good GPA often times gives you an edge over other candidates in securing employment. Maintaining good grades tells an employer that you have the ability to do the work that is required and that you are conscientious enough to complete the tasks at hand.

8. Specific policies regarding sexual harassment and discrimination.

Report to your supervisor if you believe you are a victim of sexual, racial, age or religious discrimination or abuse. If he or she is unwilling or unable to help, tell the next person up the line of command.

Student Signature _____ Date _____

WBL Representative _____ Date _____

Gaston College
Work-Based Learning Program

Prospective Student
STATEMENT OF UNDERSTANDING

As a Work-Based Learning Student from Gaston College, I understand that:

1. Completion of a Work-Based Learning Program Application is not a guarantee of WBL placement.
2. I am authorizing the Work-Based Learning office to utilize my official transcript information while endeavoring to locate a prospective WBL employee.
3. I am authorizing the Work-Based Learning office to acquire up-to-date copies of my official transcript as necessary.
4. I am authorizing the Work-Based Learning office to provide prospective WBL employers information regarding my academic standing and grades.
5. I understand that WBL is a graded, academic class. I agree to register and pay tuition as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit or 320 hours for 2 credits. I understand that I am expected to complete the necessary hours and work throughout the semester.
6. I am responsible for fully completing the Work-Based Learning Student Workbook and that my failure to do so may result in a grade of "F."
7. Due to economic situations beyond the control of the college or the employer, it may be necessary to terminate my WBL work experience during the semester. However, every effort will be made by the Work-Based Learning office to locate another cooperative employer.
8. I am required to abide by all company rules, regulations, policies, procedures, and failure to do so may result in my termination from the Work-Based Learning program.
9. My participation in the WBL program is voluntary and once I accept an offer of WBL employment, I will be expected to complete all WBL work experience in the semester with the same employer unless officially released by both the college and the employer. My failure to do so may result in a grade of "F."

Student Signature _____

Student ID Number _____ Date _____

Gaston College

Work-Based Learning Application

PERSONAL DATA:

Student's Name _____ Student ID# _____
Last First MI

Address _____
Street, City, State, Zip

Phone _____ E-mail Address: _____

Emergency Contact _____ Phone _____

U.S. Citizen? Yes No Are you on an F-1 Visa? Yes No

Can you provide a professional resume to the WBLP Office? Yes No

Are you able to pass a background check and/or drug test, if it was required? Yes No

**Please note A "no" answer does not necessarily exclude you from consideration*

Do you have a valid driver's license? Yes No State _____

If receiving a grant, loan or scholarship, please identify: Pell Grant WIOA TAA VA
 Scholarship A321 Other _____

EDUCATIONAL INFORMATION

What is your academic major? _____ Anticipated Graduation Date: _____

EMPLOYMENT INFORMATION

Name and Address of All Employers (List most recent first)	Title and Description of Work Performed	Dates of Employment From/To

CONSENT

I hereby authorize the Work-Based Learning Office, its Director and its Staff to grant access to and or release all materials relating to me. In signing this application, I also grant the Office of Work-Based Learning permission to receive copies of my academic transcripts and grade reports. In addition, I grant the Office of Work-Based Learning permission to forward to any WBL employing organization, my academic grades and any information the College may deem necessary for the proper administration of its Work-Based Learning Program. (Privacy Act of 1974, PL 93-579)

Signature: _____ Date Signed: _____

Gaston College
Work-Based Learning Information Sheet

Date _____

ID# _____

OFFICE USE ONLY

_____ WBL

_____ Sec.#

Name _____

Address _____

City/State/ZIP _____

Phone _____ Cell _____

E-mail address _____

Academic Program _____

FACULTY COORDINATOR:

WBL Information:

Will you be using your place of employment for your Work-Based Learning experience? Yes No

Employer _____

Supervisor _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Job Title _____

Please attach job description.

Submitted Resume

Submitted Job Description