

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

Program of Study: \_\_\_\_\_ Program GPA: \_\_\_\_\_

WBL Course: \_\_\_\_\_ Semester: \_\_\_\_\_

The student listed above has discussed WBL with me and is thereby recommended to register for WBL.

Faculty Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student's Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

*Last Name, First                      Name, and                      MI*

Address: \_\_\_\_\_

*Street* *City* *State* *Zip*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you receiving any type of financial aid, grant, loan or scholarship? ☐ Yes ☐ No

If yes, please indicate what type of financial aid: \_\_\_\_\_

What is your academic major? \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Name and Address of the last three places of employment (last position first)	Job Title and Job Duties	Dates of Employment From/To

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 the WBL application packet which includes the WBL Faculty Recommendation Form, WBL Application, WBL Orientation, WBL Statement of Understanding, WBL Job Placement Form, WBL Release Agreement if applicable, and registration form.

**3. WBL eligibility requirements.**

- 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 in your academic program 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.

The WBL staff did thoroughly explain the WBL program, including, but not limited to all the above matters, and does further acknowledge that the undersigned student understands all his/her responsibilities and requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. Completion of a Work-Based Learning Program Application packet 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 employer.
3. I am authorizing the Work-Based Learning office to provide prospective WBL employers information regarding my academic standing and grades.
4. 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 a minimum of 160 hours per credit hour and work throughout the semester.
5. I am responsible for fully completing the Work-Based Learning coursework through Blackboard and submit a final WBL Student Workbook at the end of the semester and that my failure to do so may result in a grade of "F."
6. 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.
7. I am required to abide by all company rules, regulations, policies, and procedures; failure to do so may result in my termination from the Work-Based Learning program.
8. 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 Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

WBL Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street, City, State and Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Potential Work Schedule: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_

☐ Initial Site Visit Completed☐ Submitted Job Description☐ Paid☐ Volunteer**Model Release & Photograph Use Consent**Effective: 8/1/13  
Supersedes: First Issue

I understand that Gaston College/WSGE makes extensive use of audio, video, photographs or images in its advertising, press releases, and other types of marketing and related materials.

I authorize the use, re-use, publishing, and republishing of images in which I may be included intact or in part, composite or distorted in character or form for use in printed or video material such as illustration, art, promotion, advertising, or other types of marketing and related materials. I understand that I do not need to consent to the use of these photographs or images.

I relinquish any rights to examine or approve completed products or materials and understand that these materials may be viewed by the general public

I release, discharge, and agree to hold harmless the photographer, videographer and Gaston College from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use of these images in composite form whether intentional or otherwise, that may occur as part of taking, producing, or using these photographs or images as part of any publication or materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (student name), understand that I have been accepted for a WBL work assignment. The work and learn partnership will involve **Gaston College** and

\_\_\_\_\_.

I acknowledge that the college will assume no financial responsibility in the event of any accident or illness suffered by said student as a result of the student's educational activities while enrolled in the WBL course at **Gaston College**. I also understand that I am personally responsible for seeing that arrangements are made through personal insurance or private funds to cover costs incurred for the medical, surgical, or emergency treatment of an accident or illness suffered while involved in the WBL partnership between the college and the employer.

I further forever release and/or indemnify the college from any liability imputed or otherwise that may arise from any act or omission determined to be intentional or negligent on my part of the employer arising out of the WBL activities which are the subject of this agreement.

By my signature which appears below, I acknowledge that I understand the information stated in the release agreement. This agreement is signed at the time of the initial enrollment in the WBL course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Rights and Privacy Act- Release of Student Information** Gaston College has a long-standing commitment to the protection of students' rights and privacy of information. Gaston College complies with the provisions of the Federal Family Educational Rights and Privacy Act of 1974, State of North Carolina Law, and the State Department of Education Division of Community College rules. These federal and state requirements relate to accessibility and confidentiality of student records.

*Gaston College Policy & Procedures Manual, section 4-31, Confidentiality and Access of Student Records, pro-vides pertinent and detailed information concerning classification of student records. Detailed information is also provided in the Gaston College Student Handbook.*