

Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_  
Date: \_\_\_\_\_

**PAUL SMITH'S COLLEGE WORK EXPERIENCE PROGRAM**  
**Work Experience Completion Form**

Student Name \_\_\_\_\_

Date of Entry to PSC: Circle one      Fall      Spring      Year \_\_\_\_\_

Student Phone/e-mail \_\_\_\_\_

Major/Degree \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

**Verification of Work Hours**

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Name of Property/Business \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone & E-mail: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Total Work Hours Completed during this time period: \_\_\_\_\_

(Attach Verification) Verification can be in the form of pay stubs, timesheets or signed documentation from your supervisor on company letterhead.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Student, briefly describe your job description and responsibilities during this work experience.*

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*(please complete back)*

*I had opportunity to learn/strengthen the following: (Check all that apply)*

\_\_\_\_ Leadership Skills

\_\_\_\_ Build Self-Confidence

\_\_\_\_ Written Communication Skills

\_\_\_\_ Oral Communication Skills

\_\_\_\_ Practice Teamwork

\_\_\_\_ Demonstrate Responsibility

\_\_\_\_ Practice Technical Skills

*How has this experience helped your career development? Please describe what you have learned from this work experience.*

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**Student's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing Address:**  
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