

PAUL SMITH'S COLLEGE Culinary Arts, Baking & Hospitality Students
WORK EXPERIENCE PROGRAM

Intent to Complete Work Experience Hours

Important information for students: Should you choose to complete your work experience during either the Fall or Spring semesters, please be advised of the following:

- (1) If you are not registered for at least 6 credits, your student loan obligations will become active.**
- (2) If you are enrolled with less than 12 credits, you may be disqualified for Health Insurance coverage under your parent's policy.**

Please complete & return this form to your academic advisor. **You must also register for work experience on Self-Service.**

Student Information:

Student Name _____

Major _____ First Semester Enrolled in this Program _____

Student Phone/e-mail _____

Career Goals: _____

Do you have a professional resume? ___ Yes ___ No Date completed: _____

(Note: Resume should be completed by the end of the second semester of first year)

Work Experience Information:

During which semester will you be working? (Circle one)

Fall 20____ Spring 20____ Summer 20____

Name of Property/Business _____

Business Address: _____

City: _____ State ____ Zip Code: _____

Supervisor's Name (if known): _____

Property Phone & E-mail: _____

Job Title/Description: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For Advisor Use Only:

Advisor's Name: _____ Date of Student Meeting: _____

Advisor comments: _____

Advisors: Please retain a copy of student's work experience plan to review during each advisement session. The original Intent to Complete Work Experience Hours Form will be retained in student files held in the Faculty Office by Sandy Brown (Pickett 107A).