## AUTOMOTIVE FIELD EXPERIENCE APPLICATION

## **STUDENT INFORMATION**

Name (Please Print)		Date	
Student "S" No	Street A	Address	
City, State, Zip		Phone	
Email Address			
I plan on registering for	_ credit(s) of Auto	motive Field Experience	ce.
I plan on working approximately _	hours	this semester.	
Students please register for 1 credit hour f 2940, and 2950 are one credit hour each. evaluate the student at their actual work si	Please note there is no		
<i>Examples of how many credits a student s.</i> A student working 24 hours a week for the experience.		uld be able to sign up for 2	credits of field
A student working 40 hours a week for the experience.	e 15 week semester wo	uld be able to sign up for 3	credits of field
For students who work variable hours wee 1 credit of field experience must total 180 2 credits of field experience must total 360 3 credits of field experience must total 540	hours for the semester ) hours for the semeste	r.	
Students, do not write below this line.			
Transcript Review AUTO 1400 – Alignment AUTO 1450 – Brakes AUTO 1502 – Electrical Fund.	Instructor	"C" or better Yes No Yes No Yes No	Semester Taken
Call to notify student requirements have n	ot been met Date		Гіте
Call to schedule resume review session Completed resume required to attend	Date student schedu	led to attend session	
Permission to register granted Review	er Signature	gnature Date	
Student setup to register in computer	Yes No		
Student called to notify they can register	Date	Time	