

AUTOMOTIVE FIELD EXPERIENCE APPLICATION

Name: _____

Student ID Number: _____

Circle One **PHONE** or **EMAIL** Approval will be communicated to contact preference

- Phone if different from Tri-C profile: _____
- Email Address if different from Tri-C profile: _____

Hours per week	Hours per term	Credit Hours
12 hours of work	180 hours per term	1 credit hour
24 hours of work	360 hour per term	2 credit hours
40 hours of work	540 hours per term	3 credits

I plan on registering for _____ credit(s) of Automotive Field Experience.

I plan on working approximately _____ hours this semester.

Student Signature: _____ Date: _____

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Office use only – do not write below this line.

Transcript Review **“C” or better** Date: _____

AUTO 1400 – Alignment Yes or No

AUTO 1450 – Brakes Yes or No

AUTO 1502 – Electrical Fund. Yes or No

SFASRPO permissions entered: Date: _____

AUTO 1940	CRN:		AUTO 2940	CRN:
AUTO 1950	CRN:		AUTO 2950	CRN:
AUTO 1960	CRN:			

Communication sent containing above permissions on Date: _____