



Permission for Job Experience Course Enrollment/Credit



Student Name: _____ Student ID: _____

Semester (check one): Fall ☐ Spring: ☐ Year: _____

The above-named student has requested to take a Job Experience course for elective credit. Please initial next to the statements below to indicate your understanding of the requirements, then sign on the appropriate lines and return to the counselor for enrollment in the class.

Please note: A current paystub must be submitted with this form for enrollment to be complete. The pay period on the paystub must be within the month prior to the start of the semester. Older paystubs cannot be accepted.

_____ Student Initials	_____ Parent/ Guardian Initials	I understand that I/my student must be employed in a position in which taxes/deductions are withdrawn from the paycheck (even if the deduction amount is \$0) and will finish 180 hours of work during the semester indicated above.
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_____ Student Initials	_____ Parent/ Guardian Initials	I understand that if I/my student does not provide paystubs totaling 180 hours worked during the above semester that I/my student will earn a grade of Unsatisfactory (U), which will be added to the transcript, and no credit will be earned.
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____