

CVTS Work Based Learning Program: UCTECH Kean Cohort

Letter of Intent

Student Information			
School Year:	Academy:		
School Teal.	Academy.		
Name:	Date of Birth:		
Ivanic.	Date of Diffi.		
Street Address:	City & Zip Code:		
Street Address.	eny a zip code.		
Home Phone:	Cell Phone:		
Email:	•		
Emergency Contact Information			
Name:			
Primary Phone:	Secondary Phone:		
WBL Provider Information			
Company:			
Street Address:	City & Zip Code:		
Company Phone:	Company Email:		
Company Phone.	Company Eman.		
Mentors Name:	Mentors Title:		
Wentors Name.	Wentors The.		
Intern's Job Title:			
What will this work based learning experience entail? Be specific.			
Circle the Agreed Upon Status of the Internship:			
Paid OR Unpaid			
Intern's Signature:		Date:	
Mantan'a Signatura		Deter	
Mentor's Signature:		Date:	

For Official Use ONLY			
This is the initial contact paperwork for a UCVTS Work Based Learning	0	Rec'd by WBL Coordinator	
Experience. It is agreed upon by the above signed WBL Coordinator that		Contact made by WBL Coordinator	
a WBL experience is being offered to the above named student. The	0	Visited by WBL coordinator	
WBL provider will agree to meet with the WBL Coordinator to formulate	0	Approved by WBL Coordinator	
the formal agreement and training plan before the student begins work.			