



UCVTS Work Based Learning Program

Letter of Intent: UCVTS Full-Time & UCCTI Shared-Time Students

Student Information	
School Year:	Program:
Name:	Date of Birth:
Street Address:	City & 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:
Mentors Name:	Mentors Title:
Intern's Job Title:	
What will this work based learning experience entail? Be specific.	
Circle the Agreed Upon Status of the Internship: <div style="text-align: center;"> <input type="checkbox"/> Paid <i>OR</i> <input type="checkbox"/> Unpaid </div>	

Intern's Signature:	Date:
Mentor's Signature:	Date:

For Official Use ONLY	
This is the initial contact paperwork for a UCVTS Work Based Learning Experience. It is agreed upon by the above signed WBL Coordinator that a WBL experience is being offered to the above named student. The WBL provider will agree to meet with the WBL Coordinator to formulate the formal agreement and training plan before the student begins work.	<ul style="list-style-type: none"> <input type="checkbox"/> Rec'd by WBL Coordinator <input type="checkbox"/> Contact made by WBL Coordinator <input type="checkbox"/> Visited by WBL coordinator <input type="checkbox"/> Approved by WBL Coordinator

