



**SCHEDULE H1-B  
Student Career Awareness/Education Plan/Commitment**

Project/Contractor Information

\_\_\_\_\_  
CONTRACTOR COMPANY NAME                      MPS SITE/PROJECT NAME                      NUMBER OF  
REQUIRED HOURS

Name of Education Liaison Contact

\_\_\_\_\_  
CONTACT PERSON                      PHONE                      FAX                      E-MAIL

Place an "X" below to indicate how you plan to fulfill your career awareness/education requirement. This is a ten (10) hr. requirement unless otherwise listed in the project specifications. Preparation time of two (2) hours is allowed. Career awareness/education hours are counted by company, not by number of presenters. Interviews with students for fulfillment of student employment requirements and conversations with CCS personnel are not counted toward education activities.

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom skill development/project activity                   | <input type="checkbox"/> Classroom panel presentation/demonstration  |
| <input type="checkbox"/> Student group tours/observations – job site                    | <input type="checkbox"/> Classroom presentation – industry awareness |
| <input type="checkbox"/> Contractor provided option (Please provide description.) _____ |  |

Provide a detailed description of your career awareness/education plans for this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare and affirm that I, \_\_\_\_\_  
NAME TITLE  
am a duly authorized representative of \_\_\_\_\_  
COMPANY NAME  
located in \_\_\_\_\_  
STATE COUNTY CITY

and that I have personally reviewed the material and facts describing our proposal regarding student career awareness/education. I agree to provide the experience(s) contained herein. If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY OFFICER                      TITLE                      DATE

\_\_\_\_\_  
SIGNATURE OF CCS REPRESENTATIVE                      TITLE                      DATE