



APPLICATION FOR BBA WORK TERM CREDIT

STUDENT FAMILY NAME	GIVEN NAMES	STUDENT #	PHONE #
EMPLOYER NAME	ADDRESS		PHONE #
POSITION TITLE			
BRIEFLY DESCRIBE THE MAIN DUTIES PERFORMED			
WORK TERM START DATE	WORK TERM END DATE	# HOURS WORKED BETWEEN DATES	
I CONFIRM THIS INFORMATION: <input checked="" type="checkbox"/> STUDENT'S SIGNATURE			DATE
I CONFIRM THIS INFORMATION: <input checked="" type="checkbox"/> SUPERVISOR'S SIGNATURE		PLEASE PRINT SUPERVISOR'S NAME	DATE
CAMOSUN USE ONLY			<input type="checkbox"/> BUSINESS 399 <input type="checkbox"/> BUSINESS 499 <input type="checkbox"/> BBA (ACCOUNTING) <input type="checkbox"/> BBA (HUMAN RESOURCES) <input type="checkbox"/> BBA (MARKETING)
ASSESSOR'S SIGNATURE <input checked="" type="checkbox"/>		DATE	

Upon successful completion of the BBA Work Terms a student will:

1. Have applied, in a practical setting, skills and knowledge learned in the BBA program.
2. Have acquired relevant work experience to enhance his/her competence and employability in the field of concentration.
3. Demonstrate professional behaviour appropriate to a working environment.
4. Demonstrate knowledge of current industry practices, issues and technologies.

BRIEFLY DESCRIBE YOUR ACHIEVEMENT OF THE LEARNING OUTCOMES DEFINED ABOVE.

STUDENT'S SIGNATURE

X

ASSESSOR'S SIGNATURE

X

DATE