



APPLICATION FOR BBA NON CO-OP WORK EXPERIENCE CREDIT

SCHOOL OF BUSINESS

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|--|--|--|---|
| STUDENT FAMILY NAME | GIVEN NAMES | STUDENT # | PHONE # |
| EMPLOYER NAME | ADDRESS | | PHONE # |
| POSITION TITLE | | | |
| BRIEFLY DESCRIBE THE MAIN DUTIES PERFORMED | | | |
| WORK EXPERIENCE START DATE | WORK EXPERIENCE END DATE | # HOURS WORKED BETWEEN DATES | |
| I CONFIRM THIS INFORMATION: X STUDENT'S SIGNATURE | | | DATE |
| I CONFIRM THIS INFORMATION: X SUPERVISOR'S SIGNATURE | | | DATE |
| | | PLEASE PRINT SUPERVISOR'S NAME | DATE |
| CAMOSUN USE ONLY ASSESSOR'S SIGNATURE: | <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE | <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) |

Upon successful completion of the BBA Work Experience 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