APPLICATION FOR
BBA NON CO-OP WORK EXPERIENCE CREDIT

(Effective January 1, 2012)

SCHOOL OF BUSINESS

STUDENT FAMILY NAME	GIVEN NAMES	STUDENT #	PHONE #

EMPLOYER NAME	ADDRESS	PHONE #

POSITION TITLE

1, ATTACH COMPANY JOB DESCRIPTION OF POSITION HELD

2. BRIEFLY DESCRIBE THE MAIN DUTIES PERFORMED

WORK EXPERIENCE START DATE	WORK EXPERIENCE END DATE	# HOURS WORKED BETWEEN DATES

I CONFIRM THIS INFORMATION:	STUDENT'S SIGNATURE X	DATE
I CONFIRM THIS INFORMATION:	EMPLOYER SIGNATURE X	PLEASE PRINT SUPERVISOR'S NAME / DATE

CAMOSUN USE ONLY

☐ COMPLETE

☐ NOT COMPLETE

FACULTY ASSESSOR'S SIGNATURE:

☐ ACCT 499

☐ HRML 499

☐ MARK 499