

**David Douglas High School  
Work Experience Credit Application  
2020-2021**

***Student Information:***

Student Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ ID #: \_\_\_\_\_

Student's Email: \_\_\_\_\_ GPA: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Class of \_\_\_ 2021 \_\_\_ 2022 \_\_\_ 2023

Employer (Business Name): \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Approx. Hours per Week: \_\_\_\_\_ Work Occurs:  outside school day  during school day  during summer

Please describe the work you do and the job responsibilities expected of you. Identify what you are going to learn on the job.

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Your designation of credit for this experience will be based on:

- ✓ Hours completed (65 hour minimum); 2.0 credit maximum (260 hours)
- ✓ The quality of your reflection
- ✓ Verification of hours submitted (Copy of pay stubs/hours worked)

***Credit Ceiling:***

A ceiling on allowable credits from non-accredited institutions or outside program is established at a maximum of 2.0 elective credits applied toward graduation.

**\* We will not grant credit based on hours worked prior to this application being received and approved.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Counselor Recommendation: \_\_\_\_\_ Career Center Approval: \_\_\_\_\_

***Submit this to the Career Center, Room 124 or [elizabeth\\_bluhm@ddsd40.org](mailto:elizabeth_bluhm@ddsd40.org)***