



**OFFICE OF CAREER SERVICES**  
 471 University Parkway • Aiken, SC 29801  
 803-641-3533 (O) • 803-641-3652 (F) • www.usca.edu/careers  
 Facebook: USCA Career Services • LinkedIn: USCA Alumni Network

**EXPERIENTIAL EDUCATION PROGRAM APPLICATION**

**Please complete application.** Once submitted please allow at least 2 business days for Coordinator of Experiential Education and Employer Relations to contact you to schedule an appointment.

_____	_____	_____	_____ / _____ / _____
Last Name	First Name	Middle Initial	Date of Application
(____) _____	_____		
Cell / Primary Number	Primary Email		
Check one:    U.S. Citizen	Permanent Resident	VISA Type _____	
_____	_____	_____	_____
Academic Major	Minor / Concentration	Mo/Yr Graduation Date	Class Status
_____	_____		
GPA (cumulative)	Specify Career Interests		

\_\_\_\_\_

List proficient computer programs

Résumé is on file    Yes    No                      Registered on Pacer Career Connection                      Yes    No

Participation location (check all that apply)    Aiken                      Augusta                      Other: \_\_\_\_\_

Interested in (check all that apply below)

Job Shadow	Internship / Co-op
Informational Interview	Career-related volunteer work

Anticipated Date to begin:    Semester \_\_\_\_\_    Year \_\_\_\_\_

**\*Specify availability for each day.**

Monday: _____	Friday: _____
Tuesday: _____	Saturday: _____
Wednesday: _____	Sunday: _____
Thursday: _____	

Are you seeking experiential education opportunities for academic credit?      Yes      No

If yes, specify course. \_\_\_\_\_

Have you previously been placed in an experiential position?      Yes      No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**In signing or printing your name** on this application, I hereby grant the Coordinator of Experiential Education and Employer Relations at USCA permission to view copies of my academic transcripts and grade reports. In addition, I grant permission to forward any relevant information which the University may deem necessary for the proper administration of the Experiential Education Program. I certify to the best of my knowledge the above information is true and accurate.

\_\_\_\_\_

Applicant Signature (Electronic)

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature (In office)

\_\_\_\_\_

Date

\_\_\_\_\_

Coordinator of Experiential Education and Employer Relations

\_\_\_\_\_

Date

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Administrative Use only

\_\_\_\_\_

Employer / POC

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Follow-up / Date Completed

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