

# Work Experience Information

Name: \_\_\_\_\_ COF Advisor: \_\_\_\_\_

Your Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Email: \_\_\_\_\_ / Employer phone: \_\_\_\_\_

Employment Dates:  (Circle one)  PT  FT FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Specify) MONTH / DAY / YEAR MONTH / DAY / YEAR

Types of Work Done: \_\_\_\_\_

Job Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

In signing this form, I give my permission for the Work Experience Evaluation to be filled out by my employer and then returned to the College of Forestry at Oregon State University for my file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*In order to count work experience toward your major, simply fill out this form completely, print it out, and bring it in to the Student Services Office (Peavy 140)**

**\*\*Please make sure to sign the form. Without your signature we cannot process your work experience!**