

Alabama Department of Rehabilitation Services

Learning Experience

Application

(Please print information legibly)

NAME							Last four of SS#										
Address																	
City							State			Zip							
Telephone Number	Home					Cell											
Email																	
Date of Birth MM/DD/YY							Female			Male							
Race	White			Black			Hispanic			Asian			Native Hawaiian or pacific Islander			American Indian or Alaska Native	
Education Highest Grade completed	High school				Major												
	Bachelor's				Major												
	Master's				Major												
	Doctorate				major												
Current University							Major										
University Advisor																	
Proposed Start date of learning experience					Expected end date of learning experience												
Requested Location of Learning Experience							Type of learning experience: Observation, Practicum, Internship, Field Placement, Rotation)	Number of hours requested needs to be identified									
Signature							Date										

Work Experience				
Current or Last Employer	From		To	
Job Title				
Reason for leaving				
Job Duties				
Work Experience				
Employer	From		To	
Job Title				
Reason for leaving				
Job Duties				
Work Experience				
Employer	From		To	
Job Title				
Reason for leaving				
Job Duties				