



# IS APPLIED LEARNING EXPERIENCE APPLICATION

## APPLICATION SUBMISSION PROCESS

To be eligible to participate in Cleveland State University's Monte Ahuja College of Business IS Applied Learning Experience program, students must complete the IS Applied Learning Experience Application and submit it to: **IS Department Chair, Monte Ahuja College of Business, 1860 East 18th Street, BU 344, Cleveland, Ohio 44115** or **FAX: 216-687-5448** or **EMAIL: information\_systems@csuohio.edu**

*Please print clearly if filling out with pen or pencil.*

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

CSU ID# \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Number \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a U.S Citizen or permanent resident?  YES  NO

If NO, which VISA do you possess? \_\_\_\_\_

Are you a FULL-TIME CSU student majoring in Information Systems?  YES  NO

Did you transfer to CSU from another college/university?  YES  NO

If YES, which college/university? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently employed in a job related to IS?  YES  NO

If you are currently employed in a job related to IS:

Who is your employer? \_\_\_\_\_

What is your position title and duties? \_\_\_\_\_

CSU Class Status:  FR  SO  JR  SR How many credit hours have you earned? \_\_\_\_\_

Cumulative GPA\* (Current) \_\_\_\_\_

*\*If your cumulative GPA is lower than 2.5, you are ineligible for the IS Applied Learning Experience option; please see the IS Department Chair to discuss your options.*



Monte Ahuja  
College of Business

INFORMATION SYSTEMS

## STATEMENT OF UNDERSTANDING

### TERMS

- 1) If I am a transfer student, I understand I must have completed 8 credit hours of IS coursework at CSU to be eligible for the IS Applied Learning Experience  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 2) I understand I must be registered as a full-time student (minimum 12 credit hours) the preceding semester to the IS Applied Learning Experience  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 3) I will register for the IS Applied Learning Experience , (IST 300), for the appropriate semester, when IS Applied Learning Experience placement has been approved and confirmed  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 4) I will work my scheduled hours per my agreement of employment with the IS Applied Learning Experience  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 5) I understand the completion of the IS Applied Learning Experience Report, Student and Employer Evaluations and Work Reports are mandatory  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 6) I agree to communicate with the IS Applied Learning Experience Coordinator, minimally, once per work period  
 YES  NO YOUR INITIALS \_\_\_\_\_
  
- 7) I understand the IS Applied Learning Experience Coordinator will assist in my search for a position; however, regardless of how the position is found, I agree to communicate all job related activity to the IS Applied Learning Experience Coordinator  
 YES  NO YOUR INITIALS \_\_\_\_\_

**I read, understood and have agreed to comply with the terms and conditions of the IS Applied Learning Experience.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_