

UWA School of Design Professional Work Experience Record

STUDENT NAM	ИЕ:							COURSE:
STUDENT NUMBER:								Phone:
EMAIL ADDRE	.22							
Dates of Employment:								No. of Full-time equivalent weeks:
NAME OF EMP	LOYEI	₹:						
ADDRESS OF I	EMPLO	YER:						
NATURE OF W Column 2	ORK (Please	provi	de dut	ies an	ıd/or t	ype of	work performed under Column 1 and provide details under
DUTIES								DETAILS
Signature of E	Emplo	yer						Day Month Year
Employer's Name Printed and Registration Number [Where relevant]:								
Signature of S	Studen	t						Day Month Year
Approved by S	Studer	nt Exp	erien	ce Offi	ce			Day Month Year

Students should note that submitting this form **does not** constitute an application for graduation. If you have now completed all requirements for your degree you must contact the Graduations Office (6488 2465) to apply to have your degree conferred.