



NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER (NETPDTC)
STUDENT CAREER EXPERIENCE PROGRAM (SCEP)
WORK/SCHOOL AGREEMENT

Name of Student: _____

Student Work Telephone #: _____ Fax #: _____

Position Title: _____

Activity/Code: _____ Educational Institution: _____

Educational Institution SCEP Coordinator: _____

Telephone #: _____ Fax #: _____

Student Major(s): _____

Projected graduation date (including SCEP work terms): _____

ACADEMIC SCHEDULE

EMPLOYMENT SCHEDULE

Start Date (Mo/Yr) End Date (Mo/Yr) Start Date (Mo/Yr) End Date (Mo/Yr)

**NOTE* If student is employed under the parallel program, complete first From/To lines above and leave others blank.*

CERTIFICATION/REVIEW

This work/school schedule reflects the SCEP student's current plans and is acceptable:

Student: _____
(Signature) (Date)

Supervisor: _____
(Signature) (Date)

School SCEP
Coordinator: _____
(Signature) (Date)

NETPDTC SCEP
Manager (Only): _____
(Signature) (Date)

ANY CHANGES MUST BE APPROVED BY THE EDUCATIONAL INSTITUTION SCHOOL SCEP COORDINATOR.
(PLEASE RETURN TO NETPDTC SCEP Manager, Code N84)

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