

Financial Aid Office

College Work-Study and Class Schedule

Student's Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Academic Term:     Fall         Spring         Summer

CLASS SCHEDULE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

  

WORK SCHEDULE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_