

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: _____