

WORK-STUDY CLASS SCHEDULE

Student's Name _____

Social Security Number _____

Address _____

CWSP Supervisor _____

Date/Semester Employed _____

Home Telephone Number _____

CWSP/Site/Telephone Number _____

CWSP Supervisor's E-mail _____

STUDENT'S WORK SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

STUDENT'S CLASS SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SUPERVISOR'S SIGNATURE/DATE

STUDENT'S SIGNATURE/DATE