

Student Learning Center Student Administrative Support Assistant



Name:	Class/Yr	Today's Date		
Current Address:				
Permanent Address:				
Student I.D.:	Phone No	o.:		
Are you currently enrolled at CS	UC? NO	YES No. Of Units		
Current GPA: CSUC:	Major:			
Work-Study:NOYES	Amount of Wo	rk Study Award \$		
Typing - Words per minute:				
Type of computers & software u	ısed:			
Total number of hours available	to work:			
According to the job description to this position during the last the		teer or paid experience relevant		
Employer Name & Phone Numb	er Position Held	Dates of Employment		
				
				
I give permission for the Student Lear	ning Center to revie	w my academic record and grades.		
		Cignatura		
		Signature		

(Please fill out the hours you <u>are available</u> on the back of this form.)

Below is a schedule of the Student Learning Center's hours of operation.

Please put an "X" in the boxes of the days/hours **are available** to work.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					