

APPLICATION FOR OFF-CAMPUS LABOR

NAME: _____ STUDENT ID #: _____

CPO: _____ CLASSIFICATION: _____

TERM(S) REQUESTED FOR OFF-CAMPUS LABOR:

ACADEMIC YEAR FALL SHORT SPRING

PRIMARY ASSIGNMENT: _____ HOURS CONTRACTED: _____

SECONDARY ASSIGNMENT: _____ HOURS CONTRACTED: _____

PRESENT OR PROPOSED COURSE LOAD: _____ CREDITS

REASON FOR REQUEST:

BY SIGNING BELOW I UNDERSTAND:

- I must remain in good academic, labor and social standing
- Any violation of College Regulations, or placement on probation, may result in revocation of my approval.
- Permission to work Off-Campus does not guarantee the right to a student parking decal.

I am not currently on any probationary status at Berea College

STUDENT SIGNATURE

DATE

Do Not Write Below

APPLICATION APPROVED YES NO

COMMENTS:

Labor Program Approval Signature _____

Student Financial Aid Approval Signature _____