



GLENVILLE STATE COLLEGE

TO: Director of Academic Support Center
FROM:
DATE:
SUBJECT: Student Employee Information Sheet

Student Information

Name:

ID Number:

Social Security Number:

Class:

Period to be Worked: _____ From _____ to _____

Type of Employment:

Number of Hours to be Worked per Week:

Current GPA:

Direct Supervisor:

Department or Office Working for:

Department/Division Head Signature: _____